

4-Year Professional Practitioner Training



an Alive at the Core presentation

Dear Applicant,

Thank you for your interest in applying to participate in the Core Energetics 4-Year Professional Practitioner Training program. We are happy to bring this powerful, evolutionary work to the Center of Consciousness. This year promises to be an exciting time of healing and transformation. We look forward to seeing all those we've worked with before and meeting new participants.

Please fill out the attached application and registration form and mail them by August 1, 2010 to:

Kristina Kincaid
36 Peck Slip Apt 2D
New York, NY 10038

To help you budget for expenses, Alive at the Core offers a convenient, payment plan of \$375 a month to spread the fee throughout the eight months of the program. Payment will be due at the beginning of each month starting in September 2010.

We will contact you regarding your application to schedule a brief interview for entrance into the program. Again, thank you for your application. We can't wait to share this exciting journey of self discovery, connection, and healing with you!

For further information, or questions, call Jim at 646-319-8792. Or email, info@aliveatthecore.com

Warmly,

Jim Johnston & Kristina Kincaid

WHEN: Sep 24 - 26, 2010, Oct 22-24, 2010 Dec 3 - 5, 2010, Feb 18 - 20, 2011, Apr 29 - May 1, 2011

WHERE: The Center of Consciousness • 294 Ross Lane, Bluemont, Virginia

HOW: To register, email info@aliveatthecore.com or phone Jim at 646-319-8792

4-YEAR PRACTITIONER TRAINING • VIRGINIA • 2010/2011

REGISTRATION FORM

(Presented by Alive at the Core)

please print

Participant's Name _____
Last First Middle

Mailing address _____
Street

_____ *City State Zip*

Phone (*home*) _____ Phone (*work*) _____

Email _____ Phone (*cell*) _____

Emergency Contact (*name & number*) _____

1. Participant understands the Program may involve physical and non-physical exertion. Participant warrants that he/she has no disability, impairment or ailment which would be adversely affected by participation in the Program. Participant understands the Program is not "therapeutic" and Facilitators have made any medical claims or representations of cures to Participant.

2. Participant acknowledges and agrees that the Program, as well as his/her participation in the Program, can be terminated at the discretion of the Facilitators for any reason at any time. In such event Participant will receive a pro rata refund of the Program fee by the Facilitators. If Participant is not admitted into the Program by the Facilitators, Participant will receive a full refund of any deposit made with application. If Participant withdraws from the Program for any reason, no part of the Program fee shall be refunded.

3. Participant shall participate in the Program and use the facilities, services, and equipment at his/her own risk. Facilitators shall be liable for any damages or personal injury sustained by Participant in, on, or about any premises controlled by the Facilitators. Participant hereby releases and discharges the Facilitators and their affiliates, agents, co-instructors, guest speakers/instructors and employees, from any and all claims, demands, or actions arising out of the Program or the use of any facility, service, or equipment, including but not limited to any claim for personal injuries resulting from or arising out of negligence of the Facilitators, or their affiliates, agents, co-instructors, guest speakers/instructors and employees, or any other person at any of the premises controlled by the Facilitators.

4. Participant acknowledges and agrees that all material used during the Program is and shall remain the sole property of the Facilitators exclusively for their own use and that the Participant's retention, publication, dissemination or use (other than within the Program) of any such materials is prohibited.

5. A ***NON-REFUNDABLE*** PROGRAM FEE (see below) IS DUE WITH THE SIGNING OF THIS AGREEMENT. By signing here, Participant fully understands that this fee is non-refundable for any reason, except as described in section 2 above.

6. Participant's enrollment and continuation in the program is subject to the Facilitators' discretion.

The undersigned Participant hereby makes application to participate in the above Program with full understanding that his/her participation is contingent on the evaluation of the Facilitators. In consideration thereof the Participant agrees to pay program fee of \$3000, payable through a monthly payment plan. Monthly payments of \$375 are due no later than the first day of each month of the program (September 2010 through April 2011).

Late payments will incur a 10% late payment fee. Checks returned for non-payment will result in a \$25 processing fee. Any servicing fees or late fees are not refundable.

Participant has carefully read this Agreement and agrees to be bound by it, including but not limited to Participant's waiver of liability above. This Agreement contains the entire understanding of the parties and may not be modified except by a writing signed by both parties. No other representations or promises have been made to induce Participant to sign this Agreement.

Participant

Date

Guardian (if Participant is under 21)

Date

PLEASE MAKE \$375 CHECKS PAYABLE TO: KRISTINA KINCAID

