



Application for Mind Body Spirit Release™ Foundational Certification Course

Name: _____

Company/Clinic: _____

Email: _____ Phone: _____

Mailing Address: (course materials will be sent to this address)

Profession: _____

How did you find out about us?

Did someone in particular refer you to our training? _____

Have you received an MBSR clearing? If so, who was your practitioner?

How do you intend to use Mind Body Spirit Release™? In your practice? With family and friends? For yourself?

VERY IMPORTANT, PLEASE READ BEFORE SIGNING:

I fully understand that this technique I will be learning (Mind Body Spirit Release™) is proprietary and, on my honor, agree that I will respect the developer of this technique, as well as fellow practitioners and students, by not sharing or teaching any of the techniques learned or any of the materials presented in this course, except without express written permission from Tracy Southwick, ND, HHP.

I also fully understand that Mind Body Spirit Release™ is never meant to diagnose, treat, cure or prescribe in any way and is never meant to take the place of medical/therapeutic care. This course and certification are based on an energy balancing technique.



Student Agreement for Mind Body Spirit Release™

By participating in this course, I, _____, fully understand that the technique I will be learning (Mind Body Spirit Release™) is proprietary and, on my honor, agree that I will respect the developer of this course and its content, as well as fellow practitioners and students, by not teaching it to others or reproducing any of the techniques learned or any of the materials presented in this course, without the express written permission of Tracy Southwick, ND, AMP, HHP or the purchase of licensed materials - including, but not limited to, the use of materials from the class, PowerPoint slides and class notes.

I fully understand that Mind Body Spirit Release™ is never meant to diagnose, treat, cure or prescribe in any way and is never meant to take the place of medical/therapeutic care. I understand that this course and certification are based on a spiritual energy-balancing technique. I also agree that I will reference the source of any material/copy used related to Mind Body Spirit Release™ and only use material that I have been given permission to use on any platform such as social media, my handouts and websites. I acknowledge that everything I learn in this course is proprietary and agree to treat it as such. The handouts given for the purpose of client education or practice development are excluded from this agreement.

Lastly, I agree to not charge anyone for my services or market myself as a Mind Body Spirit Release™ practitioner until the time that I have been certified by the staff of Mind Body Spirit Release™ Academy. The certification and listing will be free for the first year and require renewal through completing a Mentoring Session and then Continuing Education Modules annually for a fee. If you do not maintain the annual certification, you will not be allowed to practice and receive compensation as a Mind Body Spirit Release™ Practitioner.

Additionally, I will only practice at the level to which I am certified.

Printed Name: _____ Date _____

Signed Name: _____



Mind Body Spirit Release™ Media Release

I hereby give Mind Body Spirit Release™ Academy permission to take photographs and video of me for the purpose of posting on Mind Body Spirit Release™ website, social media pages, and marketing material.

I hereby release and discharge Mind Body Spirit Release™ Academy from any and all claims arising out of use of the photos and/or video.

In signing this consent, I give authorization to use my picture, my video or my name as printed below.

Printed Name: _____ Date _____

Signed Name: _____

I do not wish to have Mind Body Spirit Release™ Academy to use me in any form of marketing.

Printed Name: _____ Date _____

Signed Name: _____