

APPLICATION FOR HOLISTIC WELLNESS APPROACH[™]

Name: _____

Company/Clinic: _____

Email: _____ Phone: _____

Instagram Handle: _____

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

Profession: _____

Certifications (please attach copies): _____

Do you practice energy/muscle testing? _____ If so, which techniques? _____

How did you find out about HWA[™]?

Did someone in particular refer you to our training?

How do you intend to use Holistic Wellness Approach[™]? 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 (Holistic Wellness Approach[™]) is proprietary and, on my honor, I agree that I will respect the developer of this technique, as well as fellow practitioners and students, by not sharing, creating, selling 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, AMP.

I also fully understand that Holistic Wellness Approach[™] 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 also fully understand that I release the Mind Body Spirit Release[™] Academy from any and all liability related to my practice using any aspect of Holistic Wellness Approach[™].

This course and certification are based on an energy balancing technique.

I agree to this and certify that what I have provided in this application is true and correct.

Email Application to: training@mindbodyspiritrelease.com

Printed Name: _____

Signature: _____

Date: _____