

# Transforming Aspirations into Outstanding Achievements Enrollment Agreement Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County / State: \_\_\_\_\_ Post code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I am aware that breaking this attendance agreement would greatly minimize the value I would gain from the seminar, and therefore will cooperate with Paul J. Rodden and his assistants\*, in overcoming any circumstances, which would prevent me from keeping this agreement. I am aware that Paul J. Rodden and his assistants will use any such circumstances as teaching tools to help me recognize the improvements I may make in my problem solving ability. (\*Assistants may or may not be present during the seminar).

I agree to attend, in entirety, all sessions of the seminar. I agree to be on time for each session.

I agree to return to Paul J. Rodden a signed copy of this Transforming Aspirations into Outstanding Achievements Agreement Form within 5 days of registration.

I agree not to take any non-prescription drugs or alcohol within 24 hours of any session.

As a participant in the seminar, I agree to respect the confidentiality of all participants and their remarks, and I agree to keep all such material private and confidential.

I am aware that all seminars are protected by copyright and cannot be reproduced, copied, or otherwise duplicated without the express written permission of Paul J. Rodden. This agreement does not preclude me from sharing my experience of the seminar with anyone I choose as long as the confidentiality of the other participants is maintained and as long as the copyright is not infringed.

## INFORMED CONSENT AGREEMENT

I understand this seminar is educational and not psychotherapy or a substitute for psychotherapy.

I understand that, in addition to the benefit, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to myself or inflicted by me during the seminar, and hereby release Paul J. Rodden and his assistants from liability therefrom.

I take responsibility for consulting with a medical doctor prior to participating in the seminar concerning any known or potential physical or mental condition that I have or may have, for the purpose of getting medical permission to participate. I assume the risk, by this consent, of any illness during the seminar, and hereby release Paul J. Rodden and his assistants from liability therefrom.

I hereby authorize Paul J. Rodden or his assistants to take any reasonable step on my behalf in the case of accident, injury or illness, including but not limited to emergency first aid; doctor, nurse and/or ambulance services; etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release Paul J. Rodden and his assistants from liability therefrom.

If I have had serious emotional problems or have been hospitalized for emotional problems or am currently under the care of a psychologist or psychiatrist, I understand that is required that I attend the program only with the written permission of my therapist.

## CANCELLATION – REFUND POLICY

If you cancel your agreement more than 30 days prior to the seminar, your registration fee will be refunded less a £75 or A\$180 processing fee.

If you cancel your agreement less than one month before the seminar date, your entire tuition will be forfeited. The only exception to this policy will be made if you are hospitalized or if you are attending the funeral of a member of your immediate family. In this case, your full tuition will be transferred to the next available seminar date.

There will be no exceptions to these policies except those stated here in writing and approved by Paul J. Rodden.

I agree to the terms and conditions. \_\_\_\_\_ Date: \_\_\_\_\_

Mail your original signed copy of this form to: Paul J. Rodden 171 Harwood St. Darwen Lancashire England BB3 1JD