

# Training in Power Academy Registration Application

Training in Power courses are designed for those who are prepared to work to achieve total potential for spiritual growth. As a result of attending classes, monthly meetings and receiving spiritual healings, students learn techniques which enable them to release patterns blocking spiritual development. The training, however, is not therapy and is not conducted in a therapeutic setting. This training is solely intended to assist individuals in their spiritual development. Before your participation in this program, please complete the following. All information will be treated confidentially.

Name:		Teacher's Name (if known):	
Date of birth:		Phone:	
Current address:			
City:	Province/State:	Postal/Zip Code:	
Email: (please print)	Permission to use email for course information and events? YES ___ NO ___	Name of course you are taking:	

Have you attended an Introductory Session? Yes \_\_\_ No \_\_\_ . How did you find out about Training in Power?

Do you have any learning, physical or emotional impairments which may require special accommodations while in this program? Yes \_\_\_ No \_\_\_  
If yes, please explain:

Is there anything else about your physical condition (such as epilepsy, asthma, diabetes or heart problems) which could be a problem for you while you are in this program? Yes \_\_\_ No \_\_\_  
If yes, please explain:

Are you currently in therapy or counseling? ( exclude vocational counseling) Yes \_\_\_ No \_\_\_  
If yes, have you discussed the appropriateness of taking these courses with your therapist? Yes \_\_\_ No \_\_\_  
Does your therapist agree that this training is beneficial to you at this time? Yes \_\_\_ No \_\_\_

Are you currently taking prescribed medication of any kind? Yes \_\_\_ No \_\_\_  
If yes, please give condition: \_\_\_\_\_  
Type of medication: \_\_\_\_\_  
  
Have you been hospitalized for psychiatric reasons? Yes \_\_\_ No \_\_\_  
If yes, please give date(s) and reason:  
Date \_\_\_\_\_ Reason \_\_\_\_\_

### Emergency Contact

Name of a relative not residing with you:		
Address:	Phone:	
City:	Province/State:	Postal/ZIP Code:
Relationship:		

### Special Needs

Please indicate any special needs you may have regarding allergies while attending this course:

**Please read: No full or partial refunds will be issued after student has started any course except under emergency situations.**

If you have a physical condition which requires special treatment throughout the day, please do not attend this program until your health has stabilized and your Health Professional agrees that attending the program would be beneficial.  
If you are currently in treatment for psychological issues or problems, please do not attend this program unless you and your Health Professional agree that your emotional health is stable and that attending would be beneficial for you.  
I hereby acknowledge that I have read the above information thoroughly and carefully and that I understand it. I have carefully considered all questions and have answered them truthfully.

Signature of applicant:	Date
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## Registration Application Release Agreement

*Programs offered by Training in Power Academy are intended to assist you with your spiritual development. Because these programs are most effective when you discover them for yourself, rather than having them explained to you in advance, you may not be fully informed about the nature of the programs prior to enrolling. The effects of these programs on different individuals are not entirely predictable. The overwhelming majority of participants feel that the programs are beneficial and have a positive, exciting effect on their lives; however, you may not agree. Therefore, we ask that you make the following acknowledgments and representations and that you execute the following agreements.*

### I. Acknowledgments and Representations

1. I understand that I may not be fully informed about the content of the Training in Power course I am about to take. While I understand in general terms the personal power and intuitive abilities the training is intended to help me achieve, the means used to attain those abilities have not been fully explained to me. I understand and acknowledge that the training is designed as an experience and that any benefits I receive from it will come through my own discovery and initiative, which could be defeated by prior explanation.
2. I understand and acknowledge that in spite of the best efforts of Training in Power, I may not find value in the course, or I may experience potentially uncomfortable emotions as a result of taking the training. I assume all risk of such consequences, even though I do not fully understand the nature of the training I am about to attend. I understand that my response may depend on many factors, including such things as previous life experience, belief systems, individual openness to change, the ability to hear what others are saying and a willingness to be open to new information.
3. I understand that the course is not psychotherapy nor medical therapy, nor is it a substitute for these services. I understand that the course leaders are not necessarily licensed psychiatrists or psychologists.
4. I acknowledge that if I have mental or emotional problems or instabilities I should not take this course. If I have concerns about my mental or emotional health, I have consulted a psychiatrist, psychologist or other mental health professional before enrolling in this course, and that a mental health professional has approved my participation in the course.
5. I do not have physical problems or deficiencies that would prevent me from fully participating in the course schedule. If I have any doubts about my physical ability to participate according to the published schedule, I have resolved all such doubts by consultation with my private physician prior to enrolling in this course. In such case, my physician has approved my participation in the course.
6. If I have concerns about my mental or physical well-being or my level of stress during any class or meeting session, I agree to notify the teacher immediately. I understand that I am not bound to stay in a class or meeting against my will. If during the class or meeting (or afterwards) I feel the need for assistance from anyone, professional or otherwise, I take full responsibility for leaving the class or meeting and obtaining it for myself.
7. I understand that Training in Power is relying upon the truth and accuracy of the above acknowledgments and representations in evaluating my eligibility to participate in its classes and meetings.

### II. Indemnity and Release

I accept full personal responsibility for my participation in all Training in Power classes and meetings. Therefore, for myself and on behalf of my heirs, representatives, successors and assigns, I hereby agree to indemnify and hold harmless and forever release and discharge Training in Power, its officers, agents, employees, class and meeting participants and representatives, and their successors and assigns from all injury, damage, claims, liabilities, costs and expenses (i) arising from or related to my participation in any of Training In Power's classes and meetings, whether such claims are made on my behalf, by me or by a third party, or (ii) should any of my acknowledgments or representations in this Agreement prove to be untrue at the time they are made or subsequently. This indemnity and release includes loss, damage or injury resulting from the negligence of Training in Power or its officers, agents, employees, class and meeting participants and representatives, and their successors and assigns.

### III. Dispute Resolution by Arbitration Only

If, at any time, I believe that I have claims against the Training in Power which are not released by the above agreements, I shall submit any and all such claims to binding arbitration in accordance with the rules of the American Arbitration Association, and if the claim arises in Canada, I agree to submit it to arbitration in Vancouver, British Columbia, under the applicable arbitration rules of the Commercial Arbitration Act of the Province of British Columbia, regardless of where the claim arises. In either case, I agree that the award of the arbitrator shall be binding and may be enforced by any court of proper jurisdiction. I agree that any action I may file in a court of law in violation of this Paragraph may be removed by Training in Power to arbitration, and I shall not contest such removal.

**I certify that I am 18 years or older, that I have read this document carefully, and that I understand its contents.  
( A guardian's signature is required for those under 18 years of age.)**

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
Signature of Custodial Parent or Guardian (if applicable): \_\_\_\_\_ Dated: \_\_\_\_\_