A.W.E. AWAKENING WITH EPSTEIN - STATEMENT OF INTENT

I understand that this is an Energetic Educational Seminar, from which I may experience a greater connection with my inner wisdom. One particular spiritual path or model is not stressed as being more valid then others, and different models may be presented during separate programs.

I understand that the Awakening with Epstein program is not a means of diagnosing, treating or offering advise concerning any condition - physically, emotionally, mentally, psychologically, or spiritually. The care offered is to initiate and nurture new states of awareness and life and are focused on future changes, rather than remedying the past. Through care it is intended that I will find more sustainable and supportive inner meaning. I understand that the objective of the program is to enhance my resourcefulness as it relates to my somatic and spinal strategies, and the expression of the energetic fields within and around me and the wisdom and energy available to me.

I acknowledge that the care I will receive is not a licensed practice. This program, nor any facilitator during it, including Donny Epstein, as mentioned above, will not diagnose or treat any physical, emotional, mental or spiritual symptom or condition. Although the facilitators may hold other licenses or degrees, in this environment they are not functioning in such a capacity.

I understand and agree that the program will include physical contact between myself, Donny Epstein, other program facilitators and possibly other program participants. Any physical contact that I have with the before mentioned individuals, will be both voluntary and non-intrusive, and is for the non therapeutic and non palliative purpose of educating me in observation of my movement, energy sensation or breath and to create greater access to my organizing fields of consciousness and the actions for me to take consistent with this. My participation in this educational process and program constitutes my agreement to this physical contact.

During the processes designed specifically for this program, I may experience a varied selection of transformative and healing modalities. Any of these types of programs in and of themselves may awaken physical and emotional feelings, or memories. It is understood that sometimes healing during the transformational process feels wonderful, or ecstatic, and sometimes it does not feel comfortable at all.

I grant my practitioner permission to release information concerning my Network and SRI Care to Wise World Seminars, Inc. and Donny Epstein for the purpose of preparing for my attendance at the program.

In consideration of my participation in the program presented by Wise World Seminars, Inc. I hereby release Donny Epstein, Wise World Seminars, their agents, assistants, volunteers and employees from any liability whatsoever related to my participation in the program. I understand the information on this form and agree to participate in AWAKENING WITH EPSTEIN with the intent described above.

I, _____ (print name), acknowledge and agree to the terms of this disclosure for my attendance at:

The A.W.E. Awakening with Epstein program - Date/Location: _____

Signature _____ Date_____

PHOTO RELEASE

I understand that portions of the program may be recorded through photo, video and/or audio and I agree to allow Wise World Seminars, Inc., Donny and Jackie Epstein and their agents to use photos/video/audio taken of me for educational, commercial, marketing, and public relations purposes. Any and all of said reproductions are the exclusive property of Wise World Seminars, Inc and Donny and Jackie Epstein. Wise World Seminars, Inc. and Donny and Jackie Epstein are the exclusive copyright owners in perpetuity. I shall have no claim, right or interest to any of these reproductions and my signature hereto grants permission to Wise World Seminars, Inc to use any of said reproductions in any responsible manner, including but limited to: publications, advertisements, web sites, and/or commercial products.

In signing this release, I, _____ , understand the intent as well as the terms of this release.

Signature _____Date_____

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