

Power of Breath Institute
2012 Empowerment Training
Agreements Contract

I _____, of: (address)_____

Agree to uphold and abide by to the below-listed personal, financial and program agreements and hereby request application to the 2012 Empowerment Training:

- **I shall agree to the total financial commitment whether or not I attend all the weekends/retreats** (Amount: _____)
- **A minimum of 3 professional breathwork sessions or equivalent** to be received *prior to* the start of the Training (or with approval of the Director).
- Willingness to partner with a **"Training Buddy"** during the Training.
- Documented shared/exchange **sessions with your Buddy** (or another) before the last weekend of the Training (**Minimum of 3**).
- Documentation of at least one **self-breath session** per month during the training period (**Minimum of 45 min./1 per month**).
- **6 professional breathwork sessions or equivalent** (by a certified breathwork practitioner) during the course of the training.
- Completion of **"Harvest (evaluation) Forms" (6)** for each training event as required submitted electronically within one week after the event.
- **Maintenance of a personal journal/diary** during the training
- **Completion of a "Completion Questionnaire" during the last weekend of the training.**
- Agreement to report on the above mentioned monthly sessions and assignments as necessary during each training weekend/retreat.
- Agreement to participate in all activities according to the instructions of the facilitators, not to exceed personal safety and self-responsibility.
- Willingness to participate in electronic and/or telephone contacts i.e. email, teleconferences, etc. during the course of the training.
- Maintenance of a Personal Support System during the training (specific instructions for this will be discussed during the first weekend).
- **Agreement to refrain from facilitating breathwork on paying or non-paying clients for the duration of the course unless:** 1) You already have an established professional practice and the breathwork is a part of what you already offer, 2) Facilitation is a part of the above-listed program requirements (e.g. with buddies), 3) Permission to do so from the Director of the POBI.

Signed _____ Date signed _____

Power of Breath Institute

Credit Card/Payment Authorization Form

Name: _____

Date: _____

Type of Payment:

- Credit/Debit Cards:** I hereby authorize Power of Breath Institute to charge to the following credit/debit card account in the amount shown below for application to the 2012 Empowerment Training. Payment(s) will be effective and charged as indicated by the signature and date(s) below:

CREDIT/DEBIT CARD INFORMATION:

Card Type: ___ Visa ___ MasterCard Credit: ___ Debit: ___

Name as it appears on the credit card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City, State Zip: _____

Email Address: _____

- Check payments:** I, _____, hereby agree to make payments by check for the 2012 ET according to the schedule indicated below:

Schedule of Payment:

- Non-refundable Deposit (enclosed): \$375**

and:

Balance due payment of \$3000 to be made at first weekend.

or:

- 11% Prepayment discount –payment of \$3000 (made by the first day of April 2012.)**

Applicant's Signature: _____ Date: _____

Checks to be made payable to: **POBI**
45 Stones Mill Rd.
Spofford, NH 03462