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NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME & #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By participating in this Program, I agree to follow instructions from the Team (Kim Beekman and her team) to maximize program effectiveness.

If I have severe mental health issues, I have arranged for a local clinical therapist to work with me outside this program to maintain my safety and stability. I recognize that Kim Beekman is NOT a clinical therapist and is not acting in that capacity. I release Kim and her Team from all liability associated with my physical safety and mental stability.

I recognize that yoga postures, breath work, energy techniques, and meditation practices require physical, mental and emotional exertion—which may be strenuous and may cause physical injury and/or mental instability—I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician and a clinical therapist prior to and regarding my participation in this program. I represent and warrant that I am physically fit and I have no medical or psychiatric condition which would prevent my full participation.

I recognize that the Team will NEVER recommend a change in medication as this must be done with the prescribing doctor. I understand that this is not a recovery program for active drug addiction.

I recognize that I will be exploring past emotions and trauma through the focus of the body and I am prepared for the negative feelings that this could stir up.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Program.

I agree to have energy work, healing prayer, and other spiritual practices performed on my behalf.

I will not, under any circumstances, share copyright materials, workbooks, slides or videos without explicit permission. I will not copy the program materials and distribute as my own.

I knowingly, voluntarily and expressly waive any claim I may have against Kimberly Beekman, enLighten With Kim, Maxwell Consulting Group, and the Program’s Team for any injury or damages that I may sustain as a result of participating in the Program. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

If applicable, I understand that I am responsible for all mutually agreed upon payment terms.

I acknowledge that sessions and calls may be recorded for training purposes.

I have read the above terms and waiver of liability and fully understand its contents. I voluntarily agree to the terms above.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Kimberly Beekman can be contacted at kimberlybeekman@icloud.com or 703-599-9566 with questions.*