

Essence of Being

Personal Discovery Form

Personal Information:

Name:

Last

First

Middle Init.

Birth
Date:

Address:

Home

Phone:

Work Phone:

Fax:

Email address:

Cell:

Marital Status:

Children:

Currently Employed with:

Position:

Education:

Undergraduate:

University

Degrees

Graduate studies or additional education. (Describe briefly):

Work Experience:

Briefly describe your recent work experiences and areas of responsibility. Be specific. What do you consider to be your major career accomplishments?

Personal Experience:

List any special interest, growth or personal activities, that you are now or have been involved in.
(Self-awareness programs, meditation, physical activities, hobbies, etc.)

Purpose:

Goals and Objectives:

List your business and personal goals for 3 months, 4 months and one year from day of application.

3 months:

4 months:

1 year:

Additional Information:

Is there any medical history that could in any way interfere with your full participation in program activities (such as physical exercise or late evening sessions)?

Current Annual Salary (Circle one):

- Under \$20,000
- \$20,000 - \$40,000
- \$40,000 - \$70,000
- \$70,000 - \$99,000
- Over \$100,000

Business Profile: (Check all that apply)

- Employee
- Self Employed
- Business Owner
- Investor
- Entrepreneur
- Retired
- Unemployed
- Student

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Confidential Health Condition Questionnaire

Please fill out the following Medical Release form:

Please circle one:

1. Are you under the care of a physician or a psychiatrist? If yes, for what condition?	Yes	No
2. Are you receiving medication? If yes, what type and for what condition?	Yes	No
3. Have you had a history of heart trouble, rheumatic fever, diabetes, asthma, kidney or liver involvement, epilepsy, bleeding, disorder, or brain injury? If yes, please circle the condition.	Yes	No
4. Are you allergic to any food or medicine? If yes, please list allergy on the space below.	Yes	No
5. Have you had surgery within the last year? If yes, please describe below.	Yes	No
6. Have you had any serious illness or surgeries not listed that we should know about? If yes, please list on space below.	Yes	No
7. Is there any reason or physical condition why you could not participate in any physical exercise or late evening session? If yes, please explain below.	Yes	No
8. Has anyone in your family ever attempted or committed suicide? If Yes, who _____ and when _____.	Yes	No

Your Name: _____

Address: _____

Phone: _____

Signature: _____

EMAIL: _____

Name of Emergency _____

Contact: _____

Address: _____

Phone: _____

Relationship: _____

Your Doctor's Name: _____

Essence of Being, Inc.

Agreement and Conditions of Registration

With my registration in Essence of Being, Inc. Workshop "Essence of Being", I agree to the following terms and conditions:

Consent Agreement: I am advised that Essence of Being Workshop is an educational seminar and not therapy, and accordingly, I have no expectations along these lines. I am also advised that Essence of Being, Inc. may include long hours and may be physically and emotionally demanding. I acknowledge that I have evaluated the advisability of taking the training in terms of all the history and circumstances of my life and I accordingly, agree to take full responsibility for the mental, emotional and spiritual well being I attain, as a result of the training. I am fully aware that Essence of Being, Inc. may bring up incidents from my past, which may be emotional for me. I acknowledge and declare that I am voluntarily participating in Essence of Being, Inc. I hereby release Essence of Being, Inc., its founders, trainers, employees, any and all other Essence of Being, Inc. participants and the premises in which Essence of Being, Inc. is held, from any and all liability as a result of any physical, mental or emotional injuries, or damage to personal property suffered by me either during or as a result of my participation in Essence of Being, Inc.

I also acknowledge that I am in good physical and mental health and condition and have no ailment, disability or impairment which might prevent me from participating in Essence of Being, Inc. nor which might be aggravated or activated by taking Essence of Being, Inc. Workshop.

If I am in therapy, I warrant and represent that I have discussed the training with my therapist, and have ascertained from him/her that my participation is not likely to aggravate or activate any symptoms, illness or disorders which I may have, nor would it be harmful to my health or well being to participate in Essence of Being, Inc.

Initials: _____

Confidentiality: It is my understanding that Essence of Being, Inc. is an experience, private and personal to each participant, and I accordingly agree to respect the confidentiality of all the participants and to keep all material shared or discussed by them, private and confidential.

Initials:_____

Payment and Refund Policy: It is my understanding that the Workshop payment is due in full by registration unless otherwise negotiated in writing. If I am paying with a payment plan, I understand that I do not receive any discounts for tuition and I must pay the total price. A refund is available to any participant if dissatisfied, upon **completion of the entire workshop**. All we ask is that you return all workbooks and notes/handouts and notify the promoters before you leave the last day.

Initials:_____

Cancellation Policy: In the event, I am not able to attend the program for which I have registered, I must notify the promoters in writing at least seven days before the program starts. Provided I notify them before the seven day period, I will have the option to attend the next Essence of Being or apply my payments to another program under The Essence of Being umbrella, or substitute myself with

another person not already registered. Please note: All payments are transferrable only and **are not refundable**. These options are available to participants who have placed their deposits or paid in full.

Initials: _____

Release: I understand that Essence of Being may or may not videotape the program. I consent to and authorize Essence of Being to use my name, voice, appearance, image, words and participation in whole or part in these recordings without compensation to me and that they may be used for educational and promotional applications.

Initials: _____

By signing this document, I acknowledge that I have read and understand all of the above terms. I freely and voluntarily agree to abide by all of these conditions. Please send back to Essence of Being, Inc.

1-770.552.0438 fax
burge@essenceofbeing.com
885 Woodstock Rd Ste 430-399
Roswell, GA 30075
Or give to us at registration.

Name ~ Printed

Signature

Date