



## COURSE REGISTRATION FORM

Name of your Context Representative: \_\_\_\_\_

Full Name: \_\_\_\_\_

Name you would like to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_

Home phone (with area code): \_\_\_\_\_

Work phone (with area code): \_\_\_\_\_

Fax (with area code): \_\_\_\_\_

Cell phone (with area code): \_\_\_\_\_

Pager (with area code): \_\_\_\_\_

Email address: \_\_\_\_\_

Web site: \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender: \_\_\_\_\_

Marital status: \_\_\_\_\_

Age(s) of children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Last year of formal education completed: Pick one and place an x in the appropriate brackets: \_\_\_

- |                             |   |
|-----------------------------|---|
| <input type="checkbox"/> 6  | <input type="checkbox"/> 14                     |
| <input type="checkbox"/> 7  | <input type="checkbox"/> 15                     |
| <input type="checkbox"/> 8  | <input type="checkbox"/> 16                     |
| <input type="checkbox"/> 9  | <input type="checkbox"/> 17                     |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 18                     |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 19                     |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 20                     |
| <input type="checkbox"/> 13 | <input type="checkbox"/> other (please Specify) |

Other classes you've attended in the past two years (personal or professional):

---

---

---

1. What is your purpose for attending this course?

---

---

---

2. Which areas of your life would you like to enhance while attending this Course? (mark all that apply)

- Career
- Outlook on life
- Communication skills
- Relationships
- Physical well-being
- Family
- Finances
- Productivity
- Self-confidence
- Other (please specify):

3. Who (other than yourself) most influenced your decision to attend this course?

---

4. Post-program interviews are conducted the Monday evening after the program. Please select your preferred time:

Time:

- 6-7 pm
- 7-8 pm
- 8-9 pm

PARTICIPANT HEALTH INFORMATION

Context Associated courses are for everyone who wants to and is prepared to move ahead in life with more clarity. As a result of attending this course, people generally feel better about themselves and their lives. During each course, time is spent in self-exploration, such as examining attitudes and behaviors which may limit success. These courses, however, are not therapy and are not conducted in a therapeutic setting. They are solely experiential and educational programs, and are not designed or recommended for people experiencing serious emotional or mental difficulties.

To ensure that the staff may more effectively accommodate your needs while you are in this program, the following information is requested: (This information will be kept confidential and is for staff use only.)

1. Do you have any learning, physical, or emotional impairments which may require special accommodations while in this program?

YES ( ) NO ( )

Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there anything else about your physical condition such as epilepsy, asthma, diabetes, or heart problems, that could be a problem for you while you are in this program?

YES ( ) NO ( )

Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you currently in therapy or counselling, other than Vocational Counseling?

YES ( ) NO ( )

If so, we request that you discuss taking this class with your therapist to integrate it with your treatment plan.

4. Are you currently taking prescribed medication for an emotional or psychological condition such as depression, anxiety or more serious conditions?

YES ( ) NO ( )

Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you been hospitalized for psychiatric reasons within the past year?

YES ( ) NO ( )

Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person to be contacted in the event of an emergency is:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (with area code): \_\_\_\_\_

Work Phone (with area code): \_\_\_\_\_

Cell Phone (with area code): \_\_\_\_\_

Please carefully consider the following:

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 would be beneficial for you.

If you are considering taking this seminar because you are having very serious emotional problems or are having severe difficulty coping with your life, it would be more appropriate for you to seek the assistance of a professional who is trained to deal with such problems than for you to attend this seminar at this time.

If you are currently in treatment for psychological problems, please do not attend this seminar 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 thoroughly and carefully the above information and that I understand it. I have carefully considered and have answered all questions candidly.

Please mark an X in the appropriate spot: Agree ( ) Disagree ( )

Date: \_\_\_\_\_

## RELEASE AND ARBITRATION AGREEMENT

Programs offered by Context Associated are experiential. 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. Further, while we make every effort to limit enrolment in our programs to those individuals who are most likely to benefit from them, the effect of our programs on different individuals is 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 Context Associated course I am about to take. While I understand in general terms the goals which the course is intended to help me achieve, the means used to attain those goals have not been fully explained to me. I understand and acknowledge that the course 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 Context Associated, I may find the course valueless, or I may experience potentially uncomfortable emotions as a result of taking the course. I assume all risk of such consequences, even though I do not fully understand the nature of the course I am about to attend, and I agree that my sole remedy in any such event is limited to the refund of my course tuition, and nothing else.

3. I understand that the course is not psychotherapy nor medical therapy, nor is it a substitute for these services. I understand that course leaders are not necessarily licensed psychiatrists or psychologists. I do not expect the course to be administered with the standard of therapeutic care I would expect from trained mental health professionals.

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 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 the 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 course session I promise to notify the course leader immediately. I understand that I am free to leave the course at any time, for any reason. If during the course (or afterwards) I feel the need for assistance from anyone, professional or otherwise, I take full responsibility for leaving the course and obtaining it for myself.

7. I understand that Context Associated is relying upon the truth and accuracy of the above acknowledgments and representations in evaluating my eligibility to participate in its courses.

### II. Indemnity and Release

I accept full personal responsibility for my participation in all Context Associated courses. Therefore, for myself and on behalf of my heirs, representatives, successors and assigns, I hereby agree that, except arising from gross negligence or willful misconduct, I shall have no claim against, and I hereby agree to indemnify and hold harmless and forever release and discharge Context Associated, its officers, agents, employees, licensees, course 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 the company's courses, whether such claims are made on my behalf, or 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 Context Associated or its officers, agents, employees, course participants and representatives, and their successors and assigns.

### III. Dispute Resolution by Arbitration Only

If, upon tender to me of a full refund of my course tuition, I still believe that I have claims against the company which are not released by the above agreements, I shall submit any and all such claims to binding arbitration in accordance with the terms of this paragraph. If my dispute or claim arises in the United States, I agree to submit it to binding arbitration under 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 Context Associated 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.)

Please mark an X in the appropriate spot: Agree ( ) Disagree ( )

Date: \_\_\_\_\_

**PURSUIT OF EXCELLENCE GUARANTEE POLICY**

This guarantee does NOT apply to the Wall, Advancement of Excellence or 21<sup>st</sup> Century Leadership

Context Associated courses are like well-written suspense novels. The various plots, clues and characters are interwoven and one's clarity on what is happening increases as the story unfolds chapter by chapter. In order to gain full value and know what is truly happening, one must read each chapter and complete the book. Likewise, the way to gain full value from the course is to participate in each process and complete the program.

For those individuals who feel that they did not create value in the program, the following guarantee is made:

If you have met the conditions stated below and are not satisfied with the value you created in the course, your entire tuition will be refunded.

**Conditions of the Guarantee**

- A. You must have attended all sessions of the seminar.
- B. You must have fully participated in the course.
- C. If you receive a refund, you are not eligible to attend additional courses.
- D. A refund may be obtained by requesting it within 48 hours following the end of the seminar. The request must be made in writing and presented in person to your local Context Associated Sales Manager or licensee.

I acknowledge that I have thoroughly and carefully read the above information and that I understand it.

Please mark an X in the appropriate spot: Agree ( ) Disagree ( )

Date: \_\_\_\_\_