



Critical Pathfinders Inc dba The Greatness Group. Participant Agreement and Release

Please identify which training you are attending (write the city/date in the space)

- The Art and Science of the New Leadership_____
- Greatness U Evening – breakthrough to greatness_____
- Greatness U Weekend – unlock your greatness_____
- Greatness U Intensive (including Time Line Therapy, NLP Coaching and Hypnotherapy)_____
- Greatness U Mastery (including Time Line Therapy, NLP Coaching and Hypnotherapy)_____
- Hypnosis Weekend Seminar_____

I understand that the information contained and presented in this training is useful in creating rapid and lasting changes and do hereby agree to use this information only for the purpose of self-improvement and/or to achieve a positive outcome when working with others (if certified). The power of these techniques requires care, integrity and respect for the highest intention of individuals.

By attending or participating in the above mentioned Greatness Group seminar or training course, I acknowledge that I hereby indemnify Critical Pathfinders Inc. against any loss or damage whatsoever or howsoever incurred by the participant as a result of my participation.

I certify that my participation in this training is of my own free will and I accept complete responsibility for my well-being at all times. I further certify that I am a healthy individual and that I am physically and psychologically fit to fully participate in this training, and I know no reason, nor have I been informed by my physician or psychologist or psychiatrist of any reason, why my participation in this training would do me harm of any nature. I agree to release and hold harmless Critical Pathfinders Inc., their agents, representatives and employees for the results of any portion of the training in which I voluntarily participate. If this does not accurately reflect my situation, I agree that I will notify one of the Critical Pathfinders Inc. representatives before participating in this training.

I understand that although this training may raise emotional issues, it is not intended to provide a therapeutic environment or be a substitute for ongoing counseling or psychotherapy, and that any unresolved issues which may surface and which warrant counseling, will be at my own expense.

I understand that if I am found unfit (or disruptive) to participate in this training by a representative and/or staff member of Critical Pathfinders Inc. that I will be required to leave the training immediately. No questions or discussions will be entered into, and Critical Pathfinders Inc. representatives will be the sole judges. No refunds will be given.

I agree that any recorded or written materials included as part of this training is protected by Trademark and Copyright laws and may not be used without obtaining prior written permission of the appropriate parties. As a participant, I agree to NOT record this training or any part thereof.

If any legal action, including arbitration or an action for declaratory relief is brought to enforce this agreement, Critical Pathfinders Inc. will be entitled to attorney’s fees, which may be set by the arbitrators or the court in the same action or in a separate action brought for that purpose, in addition to any other relief to which Critical Pathfinders Inc. may be entitled.

*****YOU MUST INITIAL THIS SECTION*****

This section for BOARD BREAK PROGRAMS ONLY; I understand and agree that the information presented in the Board Break section is for my personal use and is not sufficient, not is it intended to be sufficient training for me to teach others to break boards. I further understand that my participating in the Board Break is voluntary and at my own risk, and I agree to hold harmless Critical Pathfinders Inc. and their agents, representatives and employees.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ THIS SECTION _____

I acknowledge that I have carefully read and understood this agreement, and release:

PRINT NAME: _____

DATE: _____ SIGNATURE: _____



Because we are planning to take photos and/or recording this training,
please fill out this form.

Photographic Release

PLEASE PRINT

Name of Event: _____

City: _____ Month and Year: _____

I understand that portions of this seminar may be photographed and/or digitally recorded with audio and/or video. I understand that my likeness may appear in photographs and my voice may appear on recordings and I agree that no compensation will be paid to me for any products or revenues or any other value derived from these. I waive all rights I may be entitled to from the use of such likenesses. I do not ask for, nor expect, any compensation from any of the recordings or pictures taken during this seminar.

Print Name: _____

Signature: _____

Date: _____

Thank you for your cooperation!