



Application for Mind Body Spirit Release™ Level 1 Certification Course

Name: _____

Company: _____

Email: _____ Phone: _____

Billing Address: _____

Mailing/Office Address (if different): _____

Profession: _____

Who referred you? How did you find out about us? _____

Are there any topics you would like to have covered, if possible? _____

How do you intend to use Mind Body Spirit Release™? In your practice? With family and friends? For yourself? _____

Amount Paid: \$_____ Non-Refundable Deposit of \$395 due upon registration. Balance due on or before April 6th, 2021.

VERY IMPORTANT, PLEASE READ BEFORE SIGNING:

I fully understand that this technique I will be learning (Mind Body Spirit Release™) is proprietary and, on my honor, agree that I will respect the developer of this technique, as well as fellow practitioners and students, by not sharing or teaching any of the techniques learned or any of the materials presented in this course, except without express written permission from Tracy Southwick, ND, HHP.

I also fully understand that Mind Body Spirit Release™ is never meant to diagnose, treat, cure or prescribe in any way and is never meant to take the place of medical/therapeutic care. This course and certification are based on an energy-balancing technique.

Sign: _____ Date: _____