

## Applied BioKinetics Workshop Attendance Agreement

In signing this document, I agree to accept the following:

### REFUND POLICY

I understand that tuition fees for an Applied BioKinetics Workshop are due and payable in full at registration before the first class session, unless financial arrangements have been made in writing with the trainer a minimum of 14 days in advance. Applied BioKinetics instructors and trainers reserve the right to revise rates, rules and schedules where necessary. A non-refundable deposit must accompany my enrolment application.

Tuition Refund Policy: No matter the length of the training, once class has begun, refunds will be as follows: Up to the end of day one, 40% refund. Up to the end of day two, no refund. See also below regarding dismissal by the instructor / trainer.

### ETHICS

I will respect the no smoking policy in the classroom and adjacent areas, rest rooms included. Any conduct constituting a disturbance to other students, or a menace to the health or safety of the students, trainer or administration shall be subject to dismissal at the discretion of the trainer, and any fees paid are not refundable.

I agree to observe confidentiality with my fellow students and the trainer, in relation to issues arising from the course.

### COMPLETION REQUIREMENT OF APPLIED BIOKINETICS WORKSHOP

- To have attended a minimum of 80% contact and class time
- To abide by the conditions of attendance as set down by the instructor and / or trainer
- To have satisfactorily demonstrated competency in all aspects of the assessments
- To have passed the required assessment as set down by the assessor
- To have completed all financial transactions of the training with the instructor / trainer

I understand that when I have attended the minimum hours required, I will receive a certificate of completion at the end of the workshop.

I understand the meaning of the above and also that I am free to offer feedback on any of the information, or any comments I have heard which may differ from the above. I agree to offer this feedback in writing to the instructor / trainer.

Name:.....Ph.....

Address.....

City:..... Post Code:..... State:..... Mobile:.....

Email:.....

TFH School Workshop      Heart Healing      BBK      SBK      PBK      NBK

Deposit Paid..... Balance Due:..... Course Dates:.....

Venue:..... Trainer:.....

Signature of participant:.....

**Please bring this attendance agreement with you to class on the first day. Make a copy for yourself if required.**