

Level 1 Participant Agreement

I, _____, am agreeing to participate in a Program with Maxwell Consulting Group LLC (doing business as Inner Alignment with Kim Beekman (referred to in this agreement as “Kim and her team” or the “Team”). In this agreement, I am the Participant. By participating in this Program and by my signature on this Agreement, I am agreeing to the following:

Participant's Promises:

- (1) I agree to follow instructions from the Team to maximize program effectiveness. I understand that if I do not follow all of the instructions, the Program may be less effective for me. I also understand that my own experience in the Program will be unique. The Team and the Program cannot make any promises about results or outcomes from the Program; however, as part of envisioning and manifesting they may encourage and support my goals and dreams.
- (2) I recognize that yoga postures, breath work, energy techniques, and meditation practices require physical, mental and emotional exertion which may be strenuous and may cause physical injury and/or mental instability. I am fully aware of the risks and hazards involved. I understand that I have been advised to consult with a physician and clinical therapist prior to and regarding my participation in the Program. I am personally responsible for managing my own physical and mental health on my own or with whatever experts I work with outside of the Program. I represent and warrant that I am physically fit, and I have no medical or psychiatric condition which would prevent my full participation.
- (3) I agree to assume full responsibility for any risks, injury or damages (including but not limited to monetary/economic, physical, social, or emotional damages), known or unknown, which I might incur as a result of participating in the Program.
- (4) If I have severe mental health issues, I have arranged for a local clinical therapist to work with me outside of this program to maintain my safety and stability. I recognize that Kim and her Team are NOT clinical therapists and are not acting in that capacity. I understand that I am personally responsible for my own mental and physical health. I will communicate if I need to make changes to the program to protect my mental health.
- (5) I understand that this is not a recovery program for drug addiction. No promises are made now or will be made in the future that the Team or the Program can cure any addiction through the practices may help me reset patterns to support my own personal recovery. The Team cannot guarantee any outcomes.
- (6) I recognize that I will be exploring past emotions and trauma through the focus of the body and I am prepared for the negative feelings that this could stir up.
- (7) I recognize that the Team will NEVER recommend a change in medication and will not make any changes to my medications without the involvement of my prescribing physician. The Team asks that no medication changes are done during the short duration of the program, as medication changes interfere with the effectiveness of the program.
- (8) I understand I have been promised access to materials and coaching. It is up to me to take advantage of coaching during the scheduled time period for the Program. I will continue to have access to materials after the Program so that I may continue to practice the Program on my own. I recognize that it is my responsibility to reach out when I'm struggling so I can get the support I need.
- (9) I acknowledge that Inner Alignment is a teaching organization so I agree to sessions being recorded for team communication and future practitioner training purposes. I understand that graduation ceremony testimonials may be shared in future program communications.
- (10) I agree to have energy work, healing prayer, and other spiritual practices performed on my behalf.
- (11) I will not, under any circumstances, share Program materials, workbooks, slides or videos without explicit permission. I will not copy the program materials and distribute as my own.

(12) I recognize that the team partners (such as Kaya Usher) are not medical doctors. The services and products of partners (Kaya Usher Unlimited, Inc) have not been evaluated by the Food and Drug Administration or any other governing agency. I hereby forever release, waive and discharge any claims against team partners.

Team Promises:

- (1) The Team will deliver services outlined in the Welcome Email (typically 8 weeks of access to: 8 video modules, 8 workbooks, 8 Coaching Sessions, and 8 Healing Sessions). If applicable, during this timeframe, the program also provides Group Sessions, Facebook Group access, and regular texting with the Team.
- (2) Your coach will encourage you to continue with your practices and can go through some of the practices with you during your scheduled coaching times. Your coach cannot do the practices for you. You need to commit to learning and doing the practices to get the most you individually can out of the Program.
- (3) The Team will be available by text message and will respond in a reasonable time period if you are struggling with the practices or something is coming up for you. The Team will provide guidance and support within reason, which may include recommending that you contact your physician or clinical therapist. The Team is not and will not be a substitute for a physician or therapist.
- (4) The Team will do their best to support you in your learning and practicing the practices.

Payment Terms:

- (1) I am responsible for all Program fees as stated in Welcome email, which is treated as part of this Agreement. I acknowledge that there are no refunds.

Participant Waivers and Assumption of Liability:

- (1) I understand that there are no warranties provided with this Program. THERE IS **NO WARRANTY**, EXPRESS OR IMPLIED, BY THESE SERVICES OR SALE OF MATERIALS, WORKBOOKS, SLIDES, VIDEOS OR OTHER ITEMS PROVIDED AS PART OF THIS PROGRAM. The Team is providing tools, and the outcome of these tools and practices is personal and I am personally responsible for the outcome.
- (2) I FULLY AGREE TO ASSUME ALL RISKS WHATSOEVER FOR ENGAGING IN THE PROGRAM AND I VOLUNTARILY RELEASE AND HOLD HARMLESS FROM LIABILITY FOR ANY INTENTIONAL, UNINTENTIONAL OR NEGLIGENT ACT THE FOLLOWING PERSONS: Kimberly Beekman, enLighten With Kim, Maxwell Consulting Group, and any and all members of the Program's Team - whether they are agents, independent contractors or employees. I knowingly, voluntarily and expressly waive any claim for injury or damages including but not limited to any claim for a refund, attorney's fees, compensatory, punitive or actual damages. This waiver shall apply and prevent me from filing any claim in a court or law or to any company providing a platform for the Program or for payment of the Program. On behalf of myself, my heirs, or my legal representatives I forever release, waive, and discharge any such claims or potential claims.

I have read the above terms and waiver of liability and fully understand its contents. I voluntarily agree to the terms above.

SIGNATURE: _____ DATE: _____

Please provide an emergency name and contact#: _____