

Policies and Procedures Agreement



Transformational
Healing

Cancellation Policy

Please understand that I have a strict 24-hour cancellation policy. I will try to be flexible, but I do charge for late cancels and no-shows.

Scheduling/Rescheduling Sessions

It is your responsibility to schedule and use the monthly sessions per your Agreement with Transformational Healing each month. If you late cancel or no show, you will lose that session. If you cancel with more than 24 hours notice, you have one opportunity to reschedule within that month. Sessions do not overflow into the next month.

Inclement Weather Policy

If there is inclement weather and you cannot make it to your appointment in Middleburg, we will keep our appointment via Skype or FaceTime. If you wish to cancel our appointment and not have it virtually, I will follow the 24-hour cancellation policy.

My Skype Name is: Cynthia.battino

Payment Policy

Refer to Agreement

Intellectual Property

You are welcome to download any information on your board. I ask, however, that you do not give this out to friends or family as this is my intellectual property (except for Ted Talks, books, etc.). Also, refer to the Agreement for more details.

I have read and agree to the Policies & Procedures:

Client Name (Print) & Signature

Date

Signature, Cynthia Battino, BHSP, Owner

Date

Participation Agreement



Transformational
Healing

By signing where indicated below, you irrevocably agree that you, _____, and P3 BodyWorks LLC dba Transformational Healing (the "Company") are going into a binding contract (the "Agreement") that applies to the participation in The Quest for Happiness (the "Program"). By signing below you are acknowledging that you have read, agree to, and accept all of the terms and conditions contained in this Agreement. We may amend this Agreement at any time by sending you revised version at the address you provided in your Intake Form.

By completing the Intake Form, reading & signing the Policies & Procedures and signing below, you authorize the Company to charge your credit, debit card or cash your check, as indicated below, as payment for the membership in _____ level of the program for a total investment of \$ _____. Furthermore, you agree you are responsible for full payment of fees for the entire 4-month course of the Program, regardless of whether you attend or complete the Program, and regardless of whether you have selected a lump sum or monthly payment plan. To further clarify, no refunds will be issued, and all monthly payments must be paid on a timely basis. If a monthly payment becomes more than 30 days late, the entire balance becomes due and payable immediately at day 31.

We are committed to providing all Program participants with a positive Program experience. By signing below, you agree that the Company may, at its sole discretion, terminate this Agreement, and limit, suspend or terminate your participation in the Program without refund or forgiveness of the remaining payments if you don't do the assigned work (consistently), if you become difficult to work with, if you fail to follow the Program guidelines, or if the Company decides you need to be in a therapeutic environment.

We respect your privacy and must insist that you respect the privacy of the Company. By signing below, you agree that all the materials and information provided to you by the Company are its confidential and proprietary intellectual property belong solely and exclusively to the Company and may only be used by you as authorized by the Company and the reproduction, distribution, and sale of these materials by anyone but the Company is strictly prohibited. Further, by signing below, you agree that, if you violate, or display any likelihood of violating any of your Agreements contained in this paragraph the Company will be entitled to injunctive relief to prohibit any such violations to protect against the harm of such violations.

We have made every effort to represent the Program accurately, and it's potential. The testimonials and examples used are not intended to represent or guarantee that anyone will achieve the same or similar results. An individual's success depends on many factors, including his or her background, dedication, desire, and motivation. By signing below, you also acknowledge that you have represented to the Company that payment of your Program membership fees will not place a significant financial burden on you or your family.

Client agrees that this Agreement is governed by Virginia law and that any dispute shall be resolved by a court located in Fairfax or Loudoun County, Virginia.

Print Name: _____

Coach Name: Cynthia Battino, BHSP, Owner

Date: _____

Date: _____

Signature: _____

Signature: _____

© 2018, 1114