PARTICIPANT CONTRACT
for THIRD EYE CHAKRA WORKSHOP

Please read BOTH pages, fill out the form below with your name, adress, phone number & Email, sign this page and send it back via e-Mail to info@energybalancing.me (WhatsApp +49-177-7840-225)

With my signature below, I confirm my registration and participation in the Workshop "BELLY CHAKRA" from Thursday, April 15th to 19th, 2027 at Larry's Spiritual Retreat (near Beausejour, Manitoba, Canada).

COSTS for WORKSHOP:

I will e-transfer the WORKSHOP PAYMENT "THIRD EYE CHAKRA" (EARLY BIRD CAD 550 latest before Thursday, March 18th 2026, afterwards regular price CAD 630) to info@energybalancing.me.

COSTS for RETREAT CENTER (limited seats, board included):

Board costs CAD 300 **PLUS** accommodation costs in single room CAD 660, or shared room CAD 480.

Please choose your accommodation (Single Room or Shared Room) and e-transfer RETREAT CENTER COSTS to Larry Willman, larrywillman1@gmail.com. Contact Larry for more information or details on the Retreat Center: cell: (+1) 204-227-1252.

Failure to attend, for whatever reason, does not release you from the obligation to pay. If a replacement person can be named at the time of cancellation, who registers for the seminar, pays and attends, the seminar fee will be refunded.

The personal details of the replacement participant (full name, email address, telephone number) must be provided to Energy Balancing Canada, info@energybalancing.me. Please inform us of any cancellation as early as possible.

I may only use and pass on course materials given to me, if the source, Energy Balancing & Essence Training, is stated and the copyright is respected.

☐ By signing this agreement, I acknowledge and agree to the terms and conditions as a participant in the workshop, hosted by Energy Balancing Canada.

☐ I have read the disclaimer on page 2 and confirm that I have been provided with all relevant information regarding the seminar and that I understand the nature of the activities involved.

Full Name

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Address

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Phone & email

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Place, Date & Signature

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DISCLAIMER for BELLY CHAKRA WORKSHOP
April 15th to 19th 2027, Beausejour, CA

1. **Personal Responsibility**
   I understand that the spiritual seminar is intended to offer personal growth, guidance, and healing. I acknowledge that my participation in the seminar is voluntary, and I take full responsibility for my physical, emotional, mental, and spiritual well-being before, during, and after the seminar. I agree to make informed decisions regarding my involvement and to consult with appropriate healthcare providers if necessary.

2. **No Liability of the Seminar Leader**
   I acknowledge that the seminar leader, facilitators, and any associated staff are not responsible for any outcomes, consequences, or effects of my participation. This includes, but is not limited to, any personal injuries, emotional distress, or life circumstances that may arise during or after the seminar. I release and hold harmless the seminar leader, facilitators, and organizers from any liability, claims, or demands that may arise from my participation in this seminar.

3. **Self-Care and Safety**
   I agree to listen to my own body and emotional state during the seminar and will take appropriate actions to ensure my safety and well-being. If I feel uncomfortable, unsafe, or unable to participate, I will inform the seminar leader or relevant staff and will take the necessary steps to care for myself.

4. **Confidentiality**
   I agree to respect the confidentiality of the other participants and to refrain from sharing personal information discussed within the group outside of the seminar setting. I understand that this confidentiality helps to create a safe and supportive environment for all participants.

5. **Voluntary Participation**
   I understand that my participation in all activities during the seminar is voluntary. I may choose to withdraw from any activity or exercise at any time, without explanation, if I feel it is not in my best interest.

6. **Health Considerations**
   I confirm that I am physically and mentally capable of participating in the seminar. If I have any pre-existing medical or psychological conditions that may affect my ability to fully engage in the seminar, I have disclosed these to the seminar leader prior to the event. I agree to assume full responsibility for any impact my participation may have on my health.

7. **Informed Consent**
   By signing this waiver, I confirm that I have been provided with all relevant information regarding the seminar and that I understand the nature of the activities involved. I understand that I am free to ask any questions before, during, or after the seminar regarding my participation.