



Basic Training Application form: Please fill out this form completely and return it in via fax (310) 349.3436. The accuracy and completeness of your answers are important as a condition to your participation in the training. We will hold the information on this form in confidence.

Please print clearly in ink and answer every question. Sign your name in the appropriate place.

LET (city) \_\_\_\_\_ Date of training: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

(Middle) \_\_\_\_\_ (Name I like to be called) \_\_\_\_\_

Home Address (Street / P.O. Box) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_ Birth Date (Month/Day/Year) \_\_\_\_\_ Sex M / F:

If you are under 18 years of age, you must currently live at least 50% of the time with a parent or guardian who has completed Lotterhos Empowerment Training.

**Minimum deposit is \$100 (nonrefundable). Your commitment is to paying the tuition in full 14 days prior to your Training.** (Initial) \_\_\_\_\_

**Tuition Amount:** \_\_\_\_\_ **Payment:** Amex, Visa, MasterCard, Cash

**Credit Card #** \_\_\_\_\_ **Exp. date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

If you are registering with a partner, what is your partner's name?

Marital Status: Single, Married, Widowed, Separated, Divorced, Domestic Partnership

Please indicate your occupation or profession: \_\_\_\_\_

What is your job title or position? \_\_\_\_\_

Have you completed Lotterhos Empowerment Training? Yes/No If yes, where and when?

Name of the person who introduced you to LET: \_\_\_\_\_

Please list the names of all family members, relatives, friends, and business associates who are now participating or graduated from LET:



**Please read the section below carefully and completely.**

If you have any questions, please contact L.E.T management at 916.749.3559

LET is a unique Training designed to support people to live at the cause of their lives such that they are effective in realizing their personal and professional goals. In LET, people come to grips with what it means to be a creator in their lives, not as a concept, but as a rigorous experience. LET offers a unique technology through which people can create for themselves and design a new life.

Although most people find inquiring into these basic questions to be engaging, challenging, and rewarding, some may find this to be difficult and unsettling. As with any serious undertaking in life, and to achieve the maximum value from LET, you should take the time now to determine whether or not you are physically, mentally, and emotionally prepared to engage rigorously in these kinds of questions. In the course of such an inquiry, it is normal, from time to time, for some people to experience emotions such as enthusiasm, excitement, compassion, sympathy, empathy, fear, anger, sadness, or regret. If you are unwilling to encounter any of the above experiences in yourself or in others, or have any concern about your ability to deal with such experiences, we recommend that you not participate in the Training at this time.

People who have a medical condition requiring them to eat or care for some special need more frequently than the regularly scheduled breaks, or need special seating or must stand and stretch frequently, should notify the Trainer before the start of the Training so that appropriate arrangements can be made for you.

We will assume your presence in LET to indicate that you have considered the nature of LET and have chosen to attend on your own responsibility, and that you are fully aware of what you are undertaking. If you have any questions or concerns about your ability to handle stress, we recommend that you do not participate in the Training. LET is intended for people who are well.

1. Have you ever been hospitalized for psychiatric care or a mental disorder, or has a physician, psychiatrist, or mental health professional ever recommended such hospitalization to you? Yes/No

If yes, what was the MOST RECENT YEAR that you were hospitalized for psychiatric care or a mental disorder or that such hospitalization was recommended to you by a physician, psychiatrist, or mental health professional?

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2. Are you currently in therapy? Yes/No

(a) Have you advised your therapist that you are registered in the Training? Yes/No

(b) I asked my therapist if he/she sees any health reason that would make it inadvisable for me to participate in the Training. My therapist's answer was:

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(c) I have not yet advised my therapist about being in the Training, and I will by: \_\_\_\_\_

3. Do you understand that the LET is not therapy? Yes/No

4. Have you ever been in psychiatric or psychological therapy and then discontinued that therapy against the advice of your therapist before it was complete? Yes/No

If yes, what was the MOST RECENT YEAR that you were in psychiatric or psychological therapy and then discontinued that therapy against the advice of your therapist before it was complete?

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5. Have you taken (or has a health professional advised you to take) any prescription medications or drugs which: a) affect your mental processes or mood, or b) treat a "chemical imbalance"? Yes/No

(a) If yes, what medication(s) have you taken, when did you take them, and or are you taking them now?

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6. (a) Do you have a history of alcoholism and or drug abuse? Yes/No

(b) Do you feel that you presently have problem with alcohol or drug abuse? Yes/No

7. If you answered "yes" to questions 1, 2, or 4, we recommend that you NOT participate in the Training at this time. Please contact LET immediately regarding this recommendation. Even if you answered "no" to questions 1, 2, or 4, you should carefully consider your participation in the Training in terms of the long hours each day and the intensity of the work.

- Please advise LET if, between the time you send in this form and the time your Program begins, you experience any alteration in your health that would have your answers to questions 1, 2, or 4 change from "NO" to "YES."

### **Financial and Liability Agreement:**

1. Trainee understands LET may involve physical and non-physical exertion. Trainee warrants that he has no disabilities, impairment or ailment, which would be adversely affected by participation in the Training. Trainee understands that L.E.T is not "therapeutic" and neither Sponsor nor Facilitators have made any medical claims or representations of cures to Trainee.

2. Trainee acknowledges and agrees the Training, as well as his/her participation in the Training can be terminated at the discretion of either Sponsor or the Facilitator for any reason at anytime. In such event, Trainee will receive a pro-rated refund of the Training fee by Sponsor or Facilitator. If Sponsor or Facilitator does not admit Trainee into the Training, Trainee will receive a full refund and any deposit made with application. If trainee withdraws from the L.E.T for any reason whatsoever, no part of the Training fee shall be refunded and any unpaid portion thereof shall become due and payable immediately from Trainee to Sponsor and Facilitator

\_\_\_\_\_ (Trainee must initial here.)

3. Trainee shall participate in L.E.T and use facilities services, and equipment at his/her own risk. Neither Sponsor nor Facilitator shall be liable for any damages or personal injury sustained to Trainee in, on, or about any premises controlled by Sponsor or Facilitator. Trainee hereby releases and discharges Sponsor and Facilitator and their affiliates, agents, co-instructors, guest speakers/instructors and employees, from any and all claims, demands, or actions arising out of the Training or the use of any facility, service, or equipment, including but not limited to any claim for personal injuries resulting from or arising out of negligence of Sponsor, Facilitator, or their affiliates, agents, co-instructors, guest speakers/ instructors and employees, or any other person at any of the premises controlled by Sponsor or Facilitator.

4. Trainee acknowledges and agrees that all material used during the Training is and shall remain the sole property of Sponsor and Facilitator exclusively for their own use and that Trainees' retention, publication, dissemination or use (other than within the Training) of any such materials is prohibited.

5. Sponsor and Facilitators liability arising out of their performance under the Agreement shall be limited to claims directly attributable only to the failure of Sponsor or Facilitator to exercise the degree of skill and performance normally exercised by duly qualified persons performing similar functions. The amount of Sponsor or Facilitator liability shall not exceed the total amount of fees for services rendered under this Agreement. In no event shall Sponsor or Facilitator or their employees or agents be liable for loss of earnings, loss of profits, loss of interests, judgment, awards, or contributions thereof or any other special, indirect, or consequential damage, however caused.

6. This agreement constitutes the entire agreement of the parties and supersedes all prior agreements, understandings and negotiations, whether written or oral, between the parties. This agreement may not be changed orally, but only by an agreement in writing signed by both parties, which is expressly stated to be an amendment hereto.

7. In case any one or more provisions of this agreement shall be invalid, illegal or unenforceable in any respect, the validity, legality, and enforceability of the remaining provisions contained herein shall not be in anyway affected or impaired thereby.

8. All disputes arising out of the Agreement, which cannot be settled in small claims court, shall be submitted to binding arbitration in accordance with the Rules of the American Arbitration Association. The successful and prevailing party shall be entitled to recover reasonable attorneys' fees and other costs incurred in the action or proceeding, in addition to any other relief to which that party would be entitled. All disputes shall be governed by California law and the venue for hearing such disputes shall be Los Angeles, California.

9. A NON-REFUNDABLE TRAINING FEE (see below) IS DUE WITH THE SIGNING OF THIS AGREEMENT. By signing here, Trainee understands that this is non-refundable for any reason, except as described in section 2 above.

❖ Trainees must sign and date here:

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10. Trainees enrollment and continuation in the Training is subject to Facilitators' and Sponsors' discretion.

The undersigned Trainee hereby makes application to participate in the above Training with full understanding that his participation is contingent on the evaluation of Facilitators and Sponsor. In consideration thereof, the Trainee agrees to pay the Trainee fee of \$400. You may transfer your training date to the next available training for an additional \$35.

Trainee has carefully read the Agreement and agrees to be bound by it, including but not limited to Trainee waiver of liability above. This Agreement contains the entire understanding of the parties and may not be modified except in writing signed by both parties. No other representations or promises have been made to induce Trainee to sign this Agreement.

IN WITNESS WHEREOF, the parties have signed this agreement:

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Trainee

Date

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Guardian (if Participant is under 18)

Date