

## *Progressive Mental Alignment® Coaching*

### **Release and Waiver of Liability**

*Please read this form carefully!*

I, \_\_\_\_\_ (please print clearly),

born on \_\_\_\_/\_\_\_\_/\_\_\_\_, do hereby declare the following:

I am fully aware of the power and effects of the Progressive Mental Alignment® (PMA) method. I understand that detailed explanations regarding the PMA method can be found on the PMA website, in PMA publications, YouTube or otherwise, which are available for purchase upon request.

I have received complete and satisfactory answers to all my inquiries concerning the impact that PMA sessions will have on my emotional well-being, whether conducted in person, via online, or by telephone. I acknowledge that during or after a PMA session, there may be the potential for intense emotional reactions that can be felt physiologically. I understand that PMA is a method based on common sense and life experience. I acknowledge that a PMA Coach is not a medical doctor and will not perform medical examinations, make medical diagnoses, or prescribe medication.

I take full responsibility for my physical condition, unless I am a minor, in which case my guardian will also be responsible. If any doubts arise regarding my ability to handle intense emotions, I accept the responsibility to consult my personal physician or seek medical examination in a hospital by a qualified medical professional.

I declare that neither the PMA Coach nor the BCE Institute, Inc. (doing business as PMA Institute), or the teachers of PMA shall be held liable for any physical or emotional changes or symptoms experienced during or after a PMA session.

I fully understand that PMA sessions have the potential to profoundly alter my emotional state and impact my judgment. I am aware that these changes can influence my behavior towards others in my environment. I acknowledge that I will not hold Jacob Korthuis, Ingrid Korthuis Schabbing, or their successors, the PMA Coach, or the PMA (BCE) Institute responsible for any such changes or the consequences of my altered behavior.

I assume all risks associated with my participation in PMA sessions, whether conducted in person, online, or by telephone. I hereby release and indemnify Jacob Korthuis, Ingrid Korthuis Schabbing, his successors, the PMA Coach, or the PMA (BCE) Institute from any and all claims, damages, liabilities, and expenses resulting from my participation in PMA sessions. In the event of a legal dispute, the PMA Institute reserves the right to determine the jurisdiction for resolution.

By my signature, I confirm that I have read and fully understood the aforementioned terms.

Signature of Client \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - 20\_\_\_\_

Signature of Coach \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - 20\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - 20\_\_\_\_