

9. EMERGENCY CONTACTS:

In case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Therapist: _____ Phone: _____

Refund Policy:

Refunds to persons accepted into the program are as follows:

- If you withdraw up to 10 days before the program start date, your entire balance, less a 10% administration fee, will be refunded.
- If you withdraw from 10 days up to, but not including the program start date, 75% of your balance will be refunded.
- On or after the program start date, there are NO REFUNDS and you are responsible for paying the entire balance. This applies for each individual Part that you register for, as well as, registration for all 3 Parts of the Immersion. If you registered for all Parts and you withdraw on or after the program start date of the first Part, you are responsible for the balance for all 3 Parts of the Immersion.

I have read, understand, and agree to the above terms and policies.

I hereby declare that the above information is true to the best of my knowledge.

SIGNATURE _____ DATE _____

PRINT NAME _____