



Deida Training Application Form August 17-August 24, 2007

- *Limited enrollment; apply early.**
- *\$10 non-refundable application fee; include with your application.**
- *50% deposit on tuition is due at the time you apply. If you are not accepted into the workshop, your 50% deposit will be refunded.**
- *Applications will be reviewed beginning May 17, 2007. Applicants will be notified after their application is reviewed.**
- *Once accepted into the program the program fees are non refundable. If you have extenuating circumstances please contact Omega Registration at 800-944-1001.**

Please complete this Deida Training Application fully. All information will remain strictly confidential. Course leaders will use this information to help make a decision on the appropriateness of this training for you and to best facilitate your process during this workshop.

Your Name:	_____	Today's Date:	_____
Home Address:	_____	Home Phone:	_____
	_____	Work Phone:	_____
	_____	Mobile Phone:	_____
	_____		<input type="checkbox"/> Female <input type="checkbox"/> Male
E-mail Address:	_____	Birthdate:	_____

Occupation: _____

Person to Contact in case of emergency: _____ Phone: _____

APPLICATION QUESTIONS

***Please TYPE your answers to the following questions on a separate piece of paper (handwritten answers will not be accepted). Please include your name and contact information at the top of the page.**

1. List the events and trainings with David Deida or his teaching assistants that you have attended, if any. (Include what, when, and where, if possible.)
2. List the books, audio, and video by David Deida that you have read, listened to, or watched.
3. Have you participated in any other training programs for personal growth? If yes, which ones?
4. What are the three things, relationships, or areas of life you'd most like to shift or bring change to as a result of taking this workshop? What are your intentions for yourself and your future?
5. What would need to happen for you to feel that this Deida Training was a success for you?
6. The Deida Training can be physically and emotionally demanding. Do you have any medical conditions that might restrict your full participation in this program? If yes, please explain.
7. Have you in the past two years been under the care of a therapist or mental health professional? Have you experienced any traumatic or emotional conditions that are relevant to this program? If yes, please share those circumstances in detail, when they began and their duration, including whether or not you received or are currently receiving treatment.
8. Do you have a regular spiritual practice such as meditation, prayers, yoga, etc.? If yes, please describe.
9. Is there anything else that may be important for the staff to know about you?



Omega Institute Deida Training August 17-August 24, 2007

Workshop Agreement:

My decision to participate in this Program is a personal decision. No one has made any promises or warranties as to the results or benefits I will receive or as to any specific results I will realize from my participation in this Program. I am committed to participating fully in this Program for the full training. I understand that this includes being present for all sessions, completing all homework assignments, and supporting my fellow participants as requested. I understand that this Program is not therapy or psychological counseling and is not a substitute for the treatments or services ordinarily provided by health care professionals for physiological or psychological complaints. If I desire therapy or psychological counseling, I will seek it from a licensed provider. I am well, physically and emotionally and commit to being responsible for my own well-being during the course of this workshop. I understand that this workshop is for my personal benefit only and may not be appropriate for others. I understand and agree that successful completion of this workshop does not constitute professional training and does not entitle me to teach, lead, coach or otherwise use this material with others in any way. I understand that all materials used in this course are confidential and proprietary in nature and other than for my own personal use, I will have no future right to use these materials or processes in any way without express training, permission and licensing by David Deida.

I affirm that I have answered all questions on The Deida Training Application Form honestly and fully disclosed all the information requested. I assume all risk associated with participating in this workshop and release the workshop leaders, David Deida, Deida Seminars, its owners, affiliates, employees, and agents from, and shall defend, and indemnify, and hold them harmless from and against, all liabilities, claims, actions, losses, causes of action, and costs in any way arising out of my participation in the Program. I release the workshop leader, David Deida Seminars, and David Deida from any liability for injuries due to their negligence occurring now or in the future, during or after my participation in this workshop.

I understand that I am responsible for notifying a staff person if I choose to leave the Program without completing. I acknowledge and agree that the Program, as well as my participation in the Program, can be terminated at the discretion of the Sponsor or David Deida for any reason at any time. In such event I will receive a pro rata refund of the Program fee by Sponsor. If I withdraw from the Program for any reason whatsoever, no part of the Program fee shall be refunded and any unpaid portion thereof shall become due and payable immediately from me to Sponsor. I also understand that the workshop sessions and anything I share may be recorded for training purposes.

I have read and understand this agreement fully and intend to be legally bound by it. My signature below constitutes my acceptance of the conditions expressed in this agreement.

Submitted by: (print name)

(signature) Date: _____

Please fax this completed form, along with your typewritten application, to 845-266-3769, Attention Alyson, or mail to Omega Institute, 150 Lake Drive, Rhinebeck, NY 12572. Please include all fees and return within ONE WEEK. If you have any questions, you may call 800-944-1001 or email alysonl@eomega.org.