

Client Agreement



**BEHIND EVERY
SUCCESSFUL
WOMAN**

IS A TRIBE OF OTHER
SUCCESSFUL WOMEN
WHO HAVE HER BACK.

EMOTION RELEASE TECHNIQUE MASTERMIND MEMBERSHIP



MEET YOUR PRACTITIONER

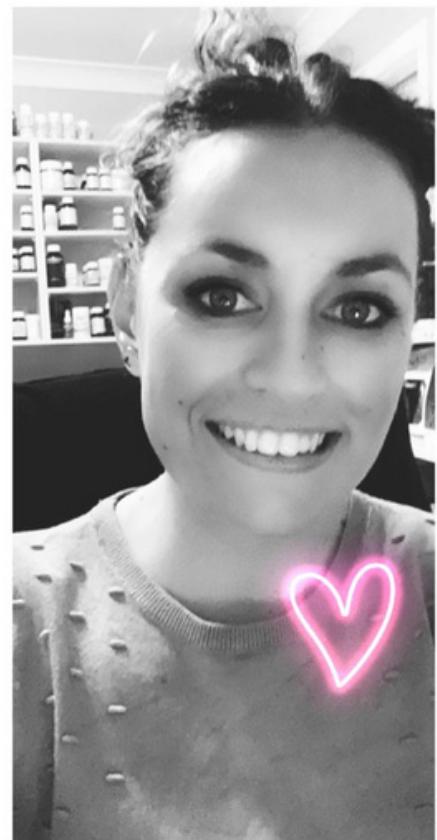
Hello, It's Rachael here...

I am so excited to welcome you into our membership program -
The Burnout Breakthrough Method!

Deciding to put yourself first and join this program is going to
support you to find that sense of calm amongst the chaos!

Can't wait to support you!

Rachael.



YOU RIGHT NOW:

- Frustrated with the feeling so overwhelmed!
- Struggling to get motivated every day - hitting the snooze button. The thought of the day ahead feels like a burden.
- Feeling emotionally and physically drained. Everything feels like effort. "Wired yet tired!"
- Frustrated with putting off your health and well being goals. Not knowing what the answer is to bring positive change into your life.



YOU AFTER THIS PROGRAM:

- Feeling emotionally healthier to take on day-to-day tasks that once overwhelmed you.
- A regained feeling of motivation and purpose - a CAN do attitude!
- Find that sense of calm again in your life. A renewed sense of positivity and balance!
- Radiate your new found inner peace. Be that inspiring role model for your loved ones.

Welcome to Griffith Wellness Clinic's Emotion Release Technique Mastermind Membership including "The Burnout Breakthrough Method!"

I want to CONGRATULATE you for investing in yourself and in your health in a way you may never have before.

You'll see from what's included in this program that it is designed to deliver an extremely high level of accountability, loving support and the right system, so you make **empowered decisions** and **take bold action** toward achieving your goals for your health.

You'll also see that the Program includes weekly group zooms to shift those emotional blocks that have been affecting you and there are modules for you to view and complete to accelerate your results, being inspired & supported by a sister-hood and have my naturopathic health, nutrition, emotional psychology and lifestyle savvy focused on YOU.

Saying "YES" to this experience means showing up for yourself in a whole new way, mentally, energetically, spiritually and physically.

This is the KEY to achieving everything you want. So is asking for support and being open to new ways of thinking. PLUS, being willing to follow the modules and participate in the weekly group zoom Naturopathic Emotional Release sessions to get the results that you are wanting.

Are you ready?

What You'll Receive In The Membership Program:

- **Weekly Group Zoom Mastermind Calls.** We will spend up an hour each week shifting emotional blocks around different themes for the week. These may include feeling more relaxed, less overwhelmed, adrenal and nervous system health, being ready to commit to more self-care and healthier living, weight management, and more! This intimate group will be a supportive environment to harness positive energy back into your life.
- **Online Modules for Total Transformation** This program doesn't exist to give you MORE information; it exists to give you CURATED information. What that means is that you can expect information that is relevant, practical and actionable, so you are clear and confident with what to do. To ensure that this is a true and total transformation, you will have access to Online Modules covering topics such as: Goal Setting, Self Care, Nutrition to Support Mood and more!



- **Access to food journals, recipes, and more** to help support you holistically on your journey to more positive mind-body balance.

Program Dates:

The monthly membership mastermind subscription dates are located on the website: Mondays 6.30-7.30pm (NSW time zone)

Cancellation Policy:

- Once your payment has been received, no refund will be given. Any absence from the group zooms will not be refunded or made up at another date or time. This is to maximise the vibration of the group calls and to keep you accountable.



Investment & Refunds:

The investment in the 8-week membership is \$320 upfront or 3 x monthly payments of \$111 through Stripe.

In the event of your absence or withdrawal, for any reason whatsoever, you will remain fully responsible for the entire Program fee and any unpaid balance.

This policy exists for your benefit as well, as to obtain the best results you need to commit to the full program and all sessions.

Looking forward to supporting you in the program!

Rachael Tull - Griffith Wellness Clinic

DISCLAIMER

You (the client) understand that the information received from the practitioner in connection with the Program or otherwise should not be seen as medical advice and is certainly not meant to take the place of your seeing your doctor and/or mental health provider.

I encourage you to maintain a relationship with your primary care physician or doctor. In the event that you do not have one and/or do not have routine physicals, I encourage you to do so. Do not discontinue or change any treatment plan that you may be on as a result of our sessions without discussing the change with your doctor.

RELEASE

You acknowledge and take full responsibility for your life and well-being, as well as the lives and well-being of your family (where applicable), and all decisions made during and after the Program. In furtherance and not in limitation of the foregoing, you hereby and forever waive, release and discharge me, my heirs, executors, administrators, assigns, officers, agents, employees, representatives, executors and all others acting on their behalf (the "Released Parties") from any and all claims or liabilities for injuries or damages to your person and/or property or that of your family (where applicable), including those caused by negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with your participation in the Program or in connection with services provided by me or the Released Parties.

LEGAL ITEMS

This Agreement may not be modified without the prior written consent of Client and Coach/Practitioner. The waiver by either party of a breach, right or obligation shall not constitute a waiver of any other or subsequent breach, right or obligation. If any provision of this Agreement is found to be invalid or unenforceable for any reason, the remainder of this Agreement shall remain in full force and effect.

This Agreement sets forth the entire agreement between the parties and supersedes all prior proposals, agreements and representations between the parties, whether written or oral, regarding the subject matter herein. Neither party may assign this Agreement without the prior written consent of the other party. This Agreement shall be binding upon and shall benefit the parties and their respective successors and permitted assigns. Except as provided to the contrary herein, those provisions of the Agreement that by their nature and context are intended to survive the termination of this Agreement, shall survive any termination of this Agreement. This Agreement shall be construed and interpreted in accordance with the laws of the New South Wales, Australia without reference to its conflict of law provisions, and with the same force and effect as if fully executed and performed therein. Each Party hereby consents to the exclusive personal jurisdiction of the State and Federal Courts in NSW, Australia, and acknowledges that venue is proper only in such courts.

If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, you acknowledge that: (1) you have received a copy of this letter agreement; (2) you have had an opportunity to discuss the contents with me and, if you desire, to have it reviewed by your attorney; and (3) you understand, accept and agree to abide by the terms hereof.

IN WITNESS WHEREOF, Practitioner agree to the terms and conditions set forth in and have duly executed this Client Commitment & Agreement effective as of the date of Practitioner's signature as set forth below.

Practitioner Name: Rachael Tull

Practitioner's Signature: _____

Date: _____

Client name: _____

Client Signature: _____

Date: _____

