

Conscious Completion Audio Tracks

Email to Encrypted email: ConsciousCompletion@pm.me

Quality Intentions for Your Well-Being (Please initial)

1. ____ After listening, I stay aware and open to witnessing shifts and changes in sensations. I breath through my nose (if this is comfortable), to increase the benefits of the clearings and integrations. I marinate in what I wish to grow and breath through uncomfortable sensations.
2. ____ I practice staying free from assessment, judgements, ruminating or mind forward relating. I practice relating from my heart instead. I oversee my process of creating new habits. The audio tracks can now be a tool to interrupt the old habits I wish to change.

Safety and Boundaries (Please initial)

3. ____ I maintain the intention and potency of the audio tracks with one audio purchase per person or family household.
4. ____ I do not distribute or copy these audio tracks.
5. ____ I only use audio tracks for personal use.
6. ____ I understand there are no promises of effects or outcomes with these audio tracks and responses to them may vary.
7. ____ Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. are in support of conventional medical treatment or other licensed health care and agree that these are not to be modified, suspended, stopped, or replaced with the use of these audio tracks.
8. ____ I do not use the audio tracks while operating heavy machinery or other situations they are not suited for.

Downloading Audio Tracks (Please initial)

9. ____ I do not use the audio tracks on the cloud. I only download them directly onto my device.
10. ____ I void my week warranty and forfeit a refund if I use the audio tracks on the cloud.
11. ____ Replacement links are \$20. Individualized household links are \$25.
12. ____ I have 1 week to follow the emailed instructions to download the files onto my device(s). A week warranty covers free assistance with downloading to one device if needed or a full refund if downloading the audio tracks onto my device is not workable.

Name: _____

Signature (No typing) _____ Date: _____