

ENERGY & PERSONAL EXCELLENCE, LLC

Sachin J. Karnik

201 MICHELLE COURT, NEWARK, DE 19711

PHONE: 302-268-4480

E-Mail: Personal.Excellence1008@gmail.com

DISCLAIMER & ENROLLMENT AGREEMENT

I, the undersigned, clearly understand the "Energy & Personal Excellence, LLC (EPE)" (including the owner, employees and/or contractors of EPE) **DOES NOT** provide and/or perform (A & B):

- A) Supervision of students enrolled in social work programs or other psychotherapy degree programs.
- B) Clinical social work, where "clinical social work" shall mean the application of social work theory and methods, which may include the person-in-environment perspective, **to the assessment, diagnosis, prevention and treatment of biopsychosocial dysfunction, disability and impairment, including mental and emotional disorders, developmental disabilities and substance abuse. The application of social work method and theory includes, but is not restricted to, assessment (excluding administration of the psychological tests which are reserved exclusively for use by licensed psychologists pursuant to Chapter 35 of this title), diagnosis, treatment planning and psychotherapy with individuals, couples, families and groups, case management, advocacy, crisis intervention and supervision of and consultation about clinical social work practice.** 24 Del. C. § 3902(2).

I also understand that EPE's programming (i.e. Prevention, Meditation, Philosophical Exploration & Insight Development, Exploratory Dialogues, and Education) are **NOT** clinical in nature as conceptualized in the medical sciences, psychological disciplines, clinical social work, and other mental health / addiction disciplines. Also, I agree to enter the EPE voluntarily. I understand that entering into this program is **NOT** considered psychotherapy and this program is **NOT** for court-ordered treatment or other such treatment as required by law. I also understand that any/all educational materials given to me are **NOT** used by the EPE for formal assessment, medical/psychiatric/psychological diagnosis of any condition. I understand that I will consult, as needed and as determined by me, medical/psychiatric and/or other professionals for formal assessment, diagnosis, and/or treatment of any medical or mental health conditions, if applicable.

The "Meditation" arm of the EPE has been explained to me by a "Personal Development Facilitator." I also agree to explain in detail my experiences in meditation. If I feel any discomfort or dislike for any of the meditations, I agree to inform my "Personal Development Facilitator" during/after meditations sessions.

I have been given an overview of the EPE program and am agreeing to enroll as a participant by giving my verbal acknowledgement (online via Zoom).

NAME:

SIGNATURE:

DATE OF ENROLLMENT:

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OVERVIEW + 2 FREE CONSULTATIONS

(OBTAIN BASIC MATERIALS TO UNDERSTAND THE CONCEPTS OF ENERGY & PERSONAL EXCELLENCE)

\$100 MONTHLY FEE

(\$104/month for credit/debit cards)

(Credit/debit cards, Checks, & Cash Accepted)

- *Obtain an introductory set of materials that will start you on the journey towards personal excellence*
- *Start the process of balancing your mind and body*
- *Obtain a full overview from EPE about your specific status in all 12 dimensions*
- *Obtain foundational materials for all 12 DIMENSIONS.*
- *Minimum of 4 online sessions per month (1 hour to 1.5 hours / session)*
- *Penetrative dialogues aimed to unlock potent energy*
- *Utilization of meditation techniques to bring inner stability*
- *Learn how to dissolve difficulties at the root*

PARTICIPATION CONSENT FORM & FEE AGREEMENT

I freely and voluntarily agree to participate in programming available through ***“Energy & Personal Excellence, LLC.”*** I also agree to pay \$ **PER MONTH (ONE MONTH AT A TIME AND MAY DISCONTINUE ANYTIME)** and will, to the best of my ability, stay in close contact with my **“personal development specialist (PDS)”** of the EPE. *I clearly understand that the role of the PDF is NOT to provide any specific medial and/or psychological diagnosis and/or treatment given that the EPE is not a treatment program for medical and/or mental health problems.* If treatment is recommended or required, I agree to consider obtaining such treatment via my medical doctors and/or other licensed professionals and keep my PDS updated as to my status with medications and/or other treatment provided, if I choose to do so.

I understand that, by providing verbal agreement (recorded via Zoom), all my information provided will be kept totally confidential. No information will be released to anyone without my written consent on the EPE Release of Information Form. I understand that, upon request, I agree to receive PDF copies of materials specifically related only to me that will be encrypted with a password.

To the extent that I wish, I agree to disclose, explore, and discuss aspects of my life, **confidentially**, with my PDF for excellent progress in my life. I agree to participate in EPE programs, as described from pages 1 to 23 and deemed appropriate, provided by the EPE. I have understood that the following will be provided by the EPE:

- ***Weekly online sessions***
- ***Initial Self-Assessment: Completion of 35-page form in MS Word or via handwritten forms***
- ***Prevention, Meditation, Powerful Interventions, & Energy Awakening***
- ***Systematic Tracking of 12 Major Areas of Life***
- ***Stage of Life Assessment & Goal Achievement***
- ***Bio-Psycho-Social & Spiritual Development***
- ***Philosophical Exploration & Insight Development***
- ***Creation of a Prevention Shield for Children, Adolescents, and Adults***
- ***Regular Tracking of Progress via Online Portal***
- ***Thousands of Videos, Audios, and Self-Development Worksheets***
- ***Regular Communication on Level of Progress via online sessions & voice memos***
- ***Full family structure and relationship enhancement processes***
- ***Exploration of processes from lower consciousness to higher consciousness***

NAME:

SIGNATURE:

DATE OF ENROLLMENT: