**INSTRUCTIONS – Please follow these instructions carefully! It is essential that you complete all FOUR pages of this application. An incomplete application WILL cause a delay in the start of your Energetic Balancing program. For more information or for help filling out this application, please contact your independent EMC² Facilitator first!**

**PLEASE PRINT CLEARLY.**

**To avoid delays, double check to be certain you have signed or initialed everywhere these are required.**

**AN X INDICATES REQUIRED SIGNATURE OR INITIALS**

- Please use a separate application for each person, animal or property. If you need more application forms, please contact your Facilitator. You may also photocopy this blank application, prior to filling it in, to create more copies.
- **Include a recent photo**. We prefer your photo be less than 6 months old (though the age of the photo will in no way impact the effectiveness of the energetic balancing). We prefer a head-to-toe photo that shows your face clearly. THERE MUST BE ONLY ONE INDIVIDUAL IN THE PHOTO. There must not be any other people or animals in the photograph, not even pictures of other people or animals in the background. Your choice of clothing, jewelry or furnishings in the photo will not affect the energetic balancing. No nude photos, please! You may submit any photo that is at least 3 by 4 inches. A traditional print from film, Polaroid or printed digital photo are all acceptable. **Please print the name ON THE BACK of each photo.**
- Please note that EMC² requires the Declaration of Applicant below to be made under oath so it is absolutely clear that applicant is participating in the AIM Program for appropriate reasons. If you cannot honestly make these declarations, EMC² cannot allow you to participate in Energetic Balancing.

***Thank you for choosing The AIM Program of Energetic Balancing!***

## DECLARATION OF APPLICANT

**I,** *(please print name)*_____**, declare:**

The matters stated in this declaration are true of my own knowledge.

I freely choose to participate in the Sacrament of Energetic Balancing, which I understand is a Spiritual Practice of the Energetic Matrix Church of Consciousness, LLC (EMC²).

I understand that EMC² does not diagnose, treat, cure or prevent disease.

I understand that Energetic Balancing is not a substitute for medical treatment.

I am applying for Energetic Balancing solely for spiritual and religious purposes, and not for diagnosis, treatment, cure or prevention of any disease. I understand that I am my own healer; energetic healing is a result of me altering my own energy.

I understand that EMC² is a church and its ministry is religious and spiritual.

I have reviewed the entire Application for Energetic Balancing (attached to this declaration as Page 2 of 4) and declare that all statements of my understanding (i.e. the sentences that begin with "I understand") are true and correct.

I am: **(please check ONE category below and print dependent's, animal's or property's name if applicable)**

❒ of the age of majority and am signing on my own behalf; **OR**

❒ signing as parent or guardian on behalf of the dependent named _____; **OR**

❒ the owner or concerned individual on behalf of the ❒**animal** ❒**property** named _____.

I agree that an executed photocopy or executed facsimile copy or digitally-archived or photographically-archived copy of this Application shall have the same force and effect as an executed original document.

**I declare under penalty of perjury under the laws of the United States and the State of Nevada that the above facts are true and correct.**

**Executed on** (date)_____ **in the County of** _____**,**

**State of** _____**,** **COUNTRY of** _____.

**Signed:** X_____

If signing electronically, typing your name at the signature line indicates your legal intent to sign this document.



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**I hereby apply for and request Energetic Balancing.** I understand that EMC² believes that Energetic Balancing is a spiritual technology and considers it a spiritual sacrament. I understand that Energetic Balancing is a spiritual purification and enhancement process that consists of the application of subtle energies to my photograph in order to help me remove my own subtle-energy imbalances.

I understand that the ministry of EMC² is not health care or medicine and it does not diagnose, treat, prevent or cure disease. I understand that the devices used by EMC², that EMC² calls the QED (Quantum-Consciousness Evaluation Device) and the QID (Quantum-Consciousness Imprinting Device), and the techniques associated with these devices have no acknowledged scientific or medical value whatsoever. I understand that the energetic concepts and practices of EMC² are a matter of faith and are not acknowledged by any organized health care provider or medical regulatory body, and are not recognized as being relevant to health care.

I understand that the work of EMC² is not proven via scientific means and EMC² makes no claim that the energetic concepts of its ministry can be proved through scientific means. I hereby state that I wish to participate in the AIM Program of Energetic Balancing based on my faith in Energetic Balancing as a spiritual purification and enhancement practice that I wish to include on my own spiritual path.

I understand that EMC² is the sole authority regarding its Sacrament of Energetic Balancing and that no medical, scientific or other authority besides EMC² is qualified to ascertain the spiritual/energetic changes that may manifest through this process.

I understand that much of the AIM Program of Energetic Balancing process focuses on what EMC² calls "gross imbalances." I understand that EMC² has given names to gross imbalances that may often be the same as or similar to the names of diseases. I understand that energetic imbalances and similarly-named diseases are similar IN NAME ONLY. I understand that this does not mean that EMC² is finding or helping anyone remove actual diseases. I understand that EMC² only provides balancing energies to assist individuals in eliminating their own energetic imbalances.

I understand that energetic imbalances are, by definition, spiritual. EMC² believes, and I concur, that these imbalances are, or can be, obstacles to my ability to achieve the spiritual goal of higher consciousness.

**I understand that I alone am responsible for the removal of my own energetic imbalances.** I understand that the AIM Program of Energetic Balancing is merely an aid to my own process of removing my energetic imbalances. I understand that EMC² routinely adds new balancing and/or enhancing energies to the Sacrament of Energetic Balancing.

**ENERGETIC EVALUATION:** I understand that Energetic Evaluation is not included in the AIM Program, except for the Energetic Uncertainty Evaluation that EMC² performs to determine whether it believes that the Sacrament of Energetic Balancing is appropriate for me. **I understand that EMC² may at any time discontinue evaluations of any kind at its sole discretion.**

I understand that, with the advent of the AIM Program, Energetic Evaluation is no longer necessary and EMC² no longer offers this spiritual service. I understand that if I call my Facilitator to inform EMC² that I believe I have a persistent energetic imbalance, the free Energetic Evaluation that EMC² may perform at its sole discretion does not include a scan of the entire range of energetic imbalances that could possibly be revealed to EMC². I understand that the free Energetic Evaluation is only to determine whether I have an energetic imbalance that was not previously revealed to EMC². If such is the case, EMC² may add a balancing energy for this imbalance to the AIM Program. I understand that EMC² may only report the results of a free Energetic Evaluation if a previously unknown imbalance is revealed in me. Otherwise, EMC² simply will not have additional information to provide, since no full evaluation has been given. I understand that all records of my Energetic Evaluations, if any, are confidential and remain the property and proprietary information of EMC².

**TIME FRAME:** I understand that since I am responsible for using the AIM Program to assist me in removing blockages, EMC² cannot guarantee time frames for energetic detox or for the removal of any energetic imbalance. I understand that if an expected time for removal of energetic imbalances is mentioned, it is merely a general guideline and not a representation of the exact amount of time it will take me to remove my energetic imbalances.

**PHOTOGRAPHS:** I hereby enclose my photograph for use by EMC² in providing Energetic Balancing and/or Evaluation. EMC² has my permission to use my photograph for these purposes. EMC² is not required to return my photograph and may destroy it after digitizing.

**BINDING ARBITRATION FOR DISPUTE RESOLUTION**

If any dispute arises between EMC² and me and/or the entity on whose behalf I am signing, such a dispute shall be submitted to binding arbitration in Las Vegas, Nevada. Such arbitration shall be conducted in accordance with the laws of the State of Nevada and pursuant to the rules of JAMS (Judicial Arbitration and Mediation Services). The authority and power of the Arbitrator to render a judgment in this matter shall be equal to, but shall not exceed, that power vested in the Eighth Judicial District Court of the County of Clark, for the State of Nevada, and any award given and determined by the Arbitrator shall be final with no right of appeal, and shall, in all respects, conform to existing Nevada law.

The arbitrator shall have the discretion to order the losing party in the arbitration proceedings to reimburse the prevailing party for all costs and fees incurred in connection with the arbitration, including without limitation, attorneys' fees and arbitration fees.

I understand that such binding arbitration may deprive me of various rights that I otherwise might have in a legal action, including without limitation the right to my local jurisdiction and venue, the right to a jury trial, the right to appeal, and full discovery rights. In the event that my waiver of venue and jurisdiction is found to be unenforceable, I then agree to binding arbitration in my local jurisdiction.

**X_____(Initial here) My initials signify my acceptance of binding arbitration as outlined above.**

I am: **(please check ONE category below and print dependent's, animal's or property's name if applicable)**

❒ of the age of majority and am signing on my own behalf; **OR**

❒ signing as parent or guardian on behalf of the dependent named _____; **OR**

❒ the owner or concerned individual on behalf of the ❒**animal** ❒**property** named _____.

I am applying for Energetic Balancing solely for spiritual and religious purposes, and not for diagnosis, cure, treatment or prevention of any disease. I believe that EMC² is a church and its ministry is religious and spiritual.

I agree that an executed photocopy or executed facsimile copy or digitally-archived or photographically-archived copy of this Application shall have the same force and effect as an executed original document.

**I have read, I understand, and I agree with all of the above.**

**Signed X** _____ **Name**_____ **Date** _____

If signing electronically, typing your name at the signature line indicates your legal intent to sign this document.

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**PLEASE BE SURE TO FILL OUT ALL APPLICABLE SECTIONS TO AVOID DELAYS IN PROCESSING YOUR APPLICATION**

EMC² respects your privacy. We never share your information. For more information see www.energeticmatrix.com/privacy

**Name** _____ **Date** _____
First AKA (also known as, if applicable) Middle Last

**Address** _____

**City** _____ **State** _____ **Zip** _____ **COUNTRY** _____

**Phone: Home** (____)_____ **Work** (____) _____ **Cell** (____)_____ **Fax** (____) _____

**E-Mail** _____ **If animal or property, what species/type:** _____

**Date of Birth** _____ **Age** _____ **Gender** _____ **Occupation** _____

**Marital Status:** ❒ **Married** ❒ **Single** ❒ **Widowed** ❒ **Divorced** ❒ **Other:** _____

**Referred by or heard about from:** _____ **Other religious affiliation (optional):** _____

## FINANCIALLY RESPONSIBLE PARTY (FRP) If other than applicant

**Person responsible for payment** _____
First AKA (also known as, if applicable) Middle Last

**Relationship to applicant** _____

**Address** _____

**City** _____ **State** _____ **Zip** _____ **COUNTRY** _____

**Phone: Home** (____)_____ **Work** (____) _____ **Cell** (____)_____ **Fax** (____) _____

**E-Mail** _____

## PARENT OR GUARDIAN Required for applicants under the age of majority in your jurisdiction

**Name** _____
First AKA (also known as, if applicable) Middle Last

**Address** _____

**City** _____ **State** _____ **Zip** _____ **COUNTRY** _____

**Phone: Home** (____)_____ **Work** (____) _____ **Cell** (____)_____ **Fax** (____) _____

**E-Mail** _____

## CONNECTIONS — Family or Friends participating in the AIM Program (Optional)

Please include IDCode if you know it.

**Name** _____ **Relationship** _____ **IDCode** _____

**Name** _____ **Relationship** _____ **IDCode** _____

**Name** _____ **Relationship** _____ **IDCode** _____

**Name** _____ **Relationship** _____ **IDCode** _____

## SAVE UP TO 60% WITH THE AIM PROGRAM FAMILY PLAN!

**To qualify, all Family Plan participants must be related to the Family Plan's Principal by blood, marriage, adoption, significant other living in the same household, or animals or property belonging to qualifying participants. No exceptions. Please do not ask.**

- **Family Plan is a 12-month plan, paid via 12 monthly payments.**
- **Cost is $2400 for up to 5 participants related to the Family Plan's Principal by blood, marriage, adoption, significant other living in the same household, or animals or property belonging to qualifying participants.**
- **You may have up to 9 participants in one Family Plan. Additional participant costs: Adults $600 ($50/month), Children under 21 years old $480 ($40/month), Animals $480 ($40/month), Property $360 ($30/month.) For more than 9, it's more economical to start a second Family Plan.**
- **Plan Expansion Grace Period: You may add participants to your Family Plan within the first 30 days of your Family Plan start date.**
- **All Family Plan participants will have the same end date.**
- **One completed Family Plan Form will cover all plan participants.**
- **Submit a separate AIM Program Application Form for each new Family Plan participant. (Current participants can be listed with their EMC² IDCode on the Family Plan Form and do not have to complete a new AIM Program Application Form.)**
- **If you are already participating in the AIM Program when you start your Family Plan, the additional time on your individual program will be added to the end of your Family Plan.**
- **Please send all Family Plan applications and Renewal Forms together as one group.**



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❒ **This is a new application for AIM** ❒ **This is a renewal of AIM. My EMC² IDCode is** _____

Please check only one box above. If you are renewing, you may use the one-page RENEWAL FORM instead of the full four-page APPLICATION FORM..

**I HEREBY REQUEST ENERGETIC BALANCING FOR A ONE YEAR PERIOD AT THE FOLLOWING COST:**

Prices subject to change. Please use most recent application forms.

**Choose one:**

❒ **ADULT US$1200 (12 payments of $100 each)**

❒ **SPOUSE US$960 (12 payments of $80 each)** I am eligible for Spouse pricing because my spouse/partner is already receiving AIM or is applying now. His/her name is _____

❒ **CHILD US$600 (12 payments of $50 each)** (Child means under 21)

❒ **DISABILITY US$600 (12 payments of $50 each)** I meet EMC²'s permanent-disability criteria and am including legal documentation along with this application.

❒ **PET US$600 (12 payments of $50 each)**

❒ **PROPERTY US$360 (12 payments of $30 each)**

## PAYMENT OPTIONS Please check/fill-in all applicable boxes. Leave this section blank for Family Plan

Except for the initial payment, all payments must be paid via credit/debit card.
The initial payment can be paid via check, money order, or credit/debit card.

❒ Please charge **all payments to the credit card** I've given you below.

❒ Please charge all payments to the credit card I've given you below, **except the initial payment** for which I am enclosing a ❒**check** ❒**money order** in the amount of US$_____ made out to EMC².

X_____ INITIAL **ENERGETIC UNCERTAINTY WAIVER (OPTIONAL)** I wish to receive Energetic Balancing, even if EMC² determines that it is not confident that the AIM Program of Energetic Balancing will provide satisfactory benefits to me. I understand that EMC² bases its confidence on the brief Energetic Evaluation it performs prior to providing Energetic Balancing for new applicants. I understand that the normal charge for Energetic Balancing still applies regardless of Energetic Uncertainty status. I understand that whether or not I initial this box, I will be notified if the evaluation indicates I have the frequency of Energetic Uncertainty.
**I understand that if I do not initial this Energetic Uncertainty Waiver box, EMC² will not provide Energetic Balancing (or charge me) without my further written consent if the frequency of Energetic Uncertainty is revealed in me.**

**I agree that all purchases of Energetic Balancing are final and there are no refunds.**
I agree that an executed photocopy or executed facsimile copy or digitally-archived or photographically-archived copy of this document shall have the same force and effect as an executed original document.
If signing electronically, typing your name at the signature line indicates your legal intent to sign this document.

**SIGNATURE REQUIRED**

_____ X_____ _____
**Applicant's Name** (please print) **Applicant's** (or parent/guardian/owner) **Signature** **Date**

If signing as Parent/Guardian/Owner, please print your name here: _____

## CREDIT/DEBIT CARD INFORMATION (If paying by credit or debit card) VISA OR MASTERCARD ONLY

**Name as it appears on card:** _____

❒ **Visa** ❒ **MC** (check one) **Number:** _____ **Expiration Date:** _____

I hereby authorize EMC² to charge my ❒ **credit** ❒ **debit** card for services as indicated above.

**Authorized Signature:** X _____ **Today's Date:** _____
If signing electronically, typing your name at the signature line indicates your legal intent to sign this document.

**Credit Card Billing Address** *(if different than home address)* _____

**City** _____ **State**_____ **Zip**_____ **COUNTRY** _____

| OFFICE USE ONLY | FACILITATOR |
|---|---|
| | Derek Downing<br>Phone: +61 (0)409683868<br>www.aimaidsall.com<br>derek@aimaidsall.com |
| | Facilitator ID Code: DD31048 |



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