

People Biz, Inc.

AGREEMENTS & GROUND RULES FOR LEADING CHANGE MASTERY

Please scan and email this completed form to leaders@peoplebizinc.com or send by fax to 512-366-9763.

I understand that the Leading Change Mastery Course is co-created. I understand and agree that I am fully responsible for my physical, mental, and emotional well-being during my program. I understand and agree that this is not counseling or therapy.

I agree to attend all sessions and to promptly let the group know when I have to miss via e-mail.

I agree to complete and deliver the group form to the group prior to 24 hours of our session.

I understand that there may be times when I do not want to be in the program. I agree to communicate this to the group and work it out.

I expect to receive assignments and homework.

I give the group and the coach permission to speak freely and I agree to speak freely. This is necessary for us to develop communication. I agree to keep everything that is said in class confidential and not to repeat anything said to someone outside of class.

I agree to keep a Leading Change Mastery Course notebook, with all items I might need in the notebook and available during each session.

I agree to allow the group to hold me accountable for my actions and promises made.

I am willing to give up “victim” language and grant permission to the group to call attention to it if I do use this language.

I understand that *as* in life there will be times when I am feeling uneasy, apathetic, angry, sad, disappointed, elated, enthusiastic, or full of joy, peace and satisfaction. All of these emotions will likely come up and it is normal when personally growing and developing myself as a leader.

I agree to have this program make a difference in the lives of others. I agree to act as a leader on our calls, in my business and in my community. I agree to let the group hold me accountable to a high standard of leadership and integrity.

I understand that the tuition for this 5-month, 15-session program is \$695.

Refund Policy: If I do not complete my program due to extenuating circumstances, reimbursement will be calculated at \$150.00 per each used session and not agreed pricing.

Signature _____ Date _____

Name: _____ Phone Number: _____

Mailing Address: _____

Name on Credit Card: _____ Credit card #: _____

Expiration: _____