

PositivEnergyWorks, LLC

PositivEnergyCenter
www.PositivEnergyWorks.com

Washington, D.C./ Capitol Heights, Md. 20743
202-667-2577

Blessings to YOU who are Interested in the Optimum Life Breathology™ Certification:

We are so pleased that you are interested in taking a giant leap in your life and in the lives of others. You are in for a life-changing experience, as you gain tools of transformation, healing and prevention using the “Power of the Breath” and becoming a Certified Breathologist (CB). See testimonies:

<http://youtu.be/RWs6h-s2rw>

Here are the **Optimum Life Breathology™ Certification Participant Instructions** to help make your time with us beneficial. If you have any needs, please do not hesitate to call before the course. If you can offer a ride or willing to car pool, let us know, too.

With deepest breath,

Doctah Ayo Handy-Kendi, CB, CTBF, CSM, CSYMI, CLYL,
The Breath Expert; founder, Optimum Life Breathology™
Breathologist/Wholistic Practitioner/ Reiki Master
202-667-2577

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OPTIMUM LIFE BREATHOLOGY™ CERTIFICATION PARTICIPANT INSTRUCTIONS ***Checklist of things NEEDED for ideal coursework:***

- a. We ask that you pre-register and pre-pay. See PAYMENT SECTION for details: Please send in the “PRE-REGISTRATION FORM prior to session”. There is a short registration check-in period of ½ hour from 8:00 – 8:30 p.m. Having to deal with money can be hurried and uncomfortable. If we have agreed to course payment balance due, please bring a check or money order preferably. Call ahead, if any other arrangement needs to be made.
- b. Please arrive on time. We will start the course exactly at 8:30 a.m., no exceptions (See course schedule).
- c. Please indicate any medication usages, physical ailments, surgeries or limitations prior to course so that we can be aware of the need to adjust to your concerns. If you are not able to lay on floor, indicate.
- d. Do not use alcohol or any other mind-altering substances 24 – 48 hours prior to sessions.
- e. Get a good night's sleep the night prior to session;
- f. Drink extra water 24 hours before course. Bring a litter (or 2) of best water possible, to hydrate during course. Be prepared to drink extra water 24 hours after course;
- e. Do not eat heavy, garlicky, vinegary, spicy foods, 1 hour before course (light salad / fruit is best); During ½ hour lunch break, bring very light meal (again light salad/fruit is ideal). Leave the bread or meat out.
- f. Wear loose, breathable clothing around the mid-waist comfortable to also move in or lay on the floor (linen, cotton, silk, sweat clothes are ideal; No spandex, polyester, tight jeans or restrictive clothing).
 - Loosen belts; remove bras;
 - Wear clean white cotton socks;
 - Bring a shawl or sweater layer if you tend to get cold;
 - Also, wear comfortable shoes and be prepared for a short OUTDOOR segment;

- g. Remove all neck jewelry, dangling earrings and glasses during techniques;
- h. For the floor learning segment(s) please bring:
Either extra thick blanket(s), padding, yoga mat or thick sleeping bag(s) to lay on;
Clean cotton sheet, spread, blanket to cover (if you tend to get cold);
and a head pillow and a floor pillow to place under the knees (for anyone who has back pain);
- i. Most of the course work will be seated, but feel free to bring pillows to seat on;
- j. Please be prepared to turn off phones and turn off business. Consider this a retreat of sorts;
- k. Come with open Spirit/Mind/Body willingness during course, to be physically touched, to be massaged near some private areas, hear voice toning, bells, loud music and be introduced to 100% therapeutic essential oils;
- l. Please limit the exchange of comments during course of instructions. The huge volume of information/techniques to be offered in a short amount of time, makes this not possible. Bring a writing pad to jot down questions, comments, notes. You will also receive "The Power of the Breath" workbook to follow the class.
- m. Ideally, plan to relax after the course; Allow yourself to take the evening off with no heavy work, deadlines or emotional engagements or entanglements;
- n. Most are quite hungry after the course, so plan to bring a little extra money to eat at a local restaurant before going home or plan to eat as soon as you get home;
- o. Sale items will be available during the lunch break, and in the last hour of the course.
 1. Ayo's "Relaxation Moments" DVD @\$15 save \$5;
 2. "Earth Song" 2-CD set of tune-up music, excellent to breathe by - \$20, John P. Davies III and Ayo;
 3. "Sea Breeze" by John P. Davies III. - \$10; Other original CD's to breathe or relax by;
 4. Young Living Oils – 100% Therapeutic grade Essential Oils - Intro bottles @ \$10 each.
 5. Motherland's Gold Moringa – the Miracle Tree – Sample bags @ \$5 each
 6. Product B – the nutri-ceutical that offers the Fountain of Youth and Healing at the DNA level.
- p. Commit to working on self with using Optimum Life Breathology™, before working on others. Complete 10 Breath Adjustments. Commit to working with Ayo to develop your business. Keep reading, studying and practicing to evolve.

FEES and PRE-PAYMENT: Optimum Life Breathology™ Certification Early-Bird (E.B.) Fee is \$175. (Certifications may vary based on location).. Payments made one week prior to course **\$225.00.** Request fee waivers, reduction or exchanges in writing, 2 weeks prior to course. Once payment is made, the specific course address and directions will be shared with the participants.

Please make out **checks/ money orders** (preferred) to: *PositivEnergyWorks™*. MAIL TO: The PositivEnergy Center, 1311 Opus Avenue, Capitol Heights, Maryland, 20743. If payment not mailed 3-4 days prior to certification please call 202-667-2577 for instructions on bringing payment in. **Credit Card** advance payments can be done thru PayPal via **Internet** info@breathepositiv.com Please include additional \$6 processing fee.

PRE-REGISTRATION FORM: *Please return w/pre-payment or send by email prior to Course. PEW reserves the right to accept or reject applicants.*

1. NAME: _____

2. ADDRESS: _____

3. CITY _____ STATE: _____ ZIP _____

4. PHONE: _____ (D) _____ (E) _____

Best time to call: Day ___ Eve ___ Night ___

5. EMAIL: _____ FAX: _____

6. How did you hear about the course? _____

7. Emergency Contact Name: _____

8. Tel and/or Cell: _____

9. Please check if:

____ you are pregnant. Due date _____

____ you have ever been hospitalized for psychiatric or medical reasons (note details on reverse)

____ you are taking any medications. Which? _____

____ you are currently in therapy or any support group

____ there were complications at your birth (Caesarian, Anesthesia, Multiple births, etc.)

____ you have attempted or seriously considered suicide (note details on reverse side)

____ you are currently experiencing a "spiritual or emotional emergency"

____ you currently have infectious or communicable disease

Do you have any history of the following:

____ Cardiovascular disease or heart attack ____ Family history of strokes ____ Asthma ____ Headaches ____ High blood pressure; ____ Diagnosed psychiatric condition; ____ Aneurism; ____ Epilepsy; ____ Diabetes; ____ Osteoporosis; ____ Recent surgery; ____ Physical illness or injury; ____ Recent/current communicable disease; ____ Glaucoma or retinal detachment; ____ HIV/AiDs; ____ Alcohol or drug addiction

____ Is there anything else about your physical or emotional status that we should be aware of? If you answered "yes" to any of these questions, please explain on the other side of this sheet.

10. Note any specific limitations, illnesses or health challenges not mentioned:

11. Any personal history of mental illness, depression or emotional disturbance? Please explain in detail and when:

12. Any personal history of substance abuse, drug usage, drinking or medications? Please and explain and when:

13. Why do you want to take this course and become a Certified Breathologist?

14. Indicate the Spelling of your Name for your Certificate:

**NOTE: Please use the back if necessary to fill out the answers to these questions. They are very important questions and must be answered with honesty. There are some contraindications for the practice of Breathology. Furthermore, Breathology is a very powerful modality and Certified Breathologist serve in a responsible way with standards and procedures that they commit to. Thus, PositivEnergyWorks, LLC reserves the right to accept or reject any applicant based on the answers to these questions.*

"Thank you for your interest in PositivEnergyWorks, LLC™ and its services. There is "Power in the Breath" to Increase YOUR PositivEnergy™ Ayo Handy-Kendi, founder, Optimum Life Breathology™

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PARTICIPANT RELEASE STATEMENT

I do hereby agree to release Ayo Handy-Kendi, CB, CTBF, CSM, CLYI, CEO and proprietor of PositivEnergyWork, LLC™ (PEW) its principals, directors, agents, trainers, facilitators, contractors, advertisers, sponsors, and facility property owners and operators, and any individual or organization associated with PEW from any and all liability for personal injury, or loss of, or damage to, personal property or possessions of any individual attending or associated with PEW whether or not caused by negligence. I further assume all risk of injury or loss from participation in the programs of PEW, including but not limited to: breathology, breathwork, meditation, bodywork, healing touch, yoga, sound therapy, guided imagery/visualization, relaxation techniques, laughter, EFT, ceremonies, rituals, toning, Reiki, essential oil aroma therapy, massage, reflexology, alternative/complimentary therapies or any other form of participation in their course of study, instruction or experiential sessions. I also approve of any form of touch, healing touch or physical massage and can not claim any sexual or personal harassment. I further understand that PEW assumes no liability for any program and/or product performance and if there are any concerns, it is recommended that I check with my physician, therapist or other licensed health care provider before engaging in any of the above-mentioned activities.

I have read, understand and am in full agreement with the above RELEASE STATEMENT:

Signature:
Date:

I am the parent and/or guardian of the above minor and hereby endorse this Agreement on his/her behalf.

Signed _____ Date _____

INDIVIDUAL VIDEO RELEASE AGREEMENT

The undersigned enters into this agreement with _PositivEnergyWorks, LLC. (PEW)_(group name) ("Producer"). I have been informed and undersigned that Producer is producing a VIDEOTAPE OR videotape program on _____(date) and that my name, likeness, image, voice, appearance and performance is being recorded and made a part of that production ("Product").

1. I grant Producer and its designees the right to use my likeness, image, voice, appearance and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audiotapes or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate, and to use or re-use the Product in whole or in part as Producer may elect.

2. I also grant Producer and its designees the right to broadcast, exhibit, market, sell and otherwise distribute the Product, either in whole or in parts, and either alone or with other products, for commercial or non-commercial television or theater, closed-circuit exhibition, home video distribution, internet, social media, YOUTube, or any other purpose that Producer or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.

3. I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to third parties, and that Producer has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances copyright and otherwise, for the use of my name, likeness image, voice, appearance and performance embodied in the Product. I expressly release and indemnify Producer and its officers, unknown arising out of or in any way connected with the above granted uses and representations. The rights granted Producer herein are perpetual and worldwide.

4. In consideration of all of the above, I hereby acknowledge receipt of reasonable and fair consideration from Producer.

I have read the foregoing and understand its terms and stipulations and agree to all of the above.

Signed _____ Date _____

I am the parent and/or guardian of the above minor and hereby endorse this Agreement on his/her behalf.

Signed _____ Date _____

