



AlchemE® Mentor Collaboration Agreement

I, _____, consent to engage in AlchemE® Mentor Session(s), provided in person, or as Tele-Mentoring (e.g., internet or telephone-based conversation) with _____ Beatrix Boros _____ in order to know and more effectively live my energetic and organizing wisdom strategies and energetic nature.

As part of my consent, I acknowledge the following:

AlchemE Mentor sessions are intended to guide me in the conscious use of my focused attention and energetic recipes that can impact various areas of my life, my influence upon others, my force of attraction and manifestation, in very real, constructive, and often seemingly “magical” ways that increase my access to Creation’s Codes™.

Mentor “Interactives” involve conversing and directly experiencing the energetics and strategies that influence my body, emotions, thoughts, and my impact in and upon my life. Together with the AlchemE Mentor, I intend to discover, enhance and consciously choose more effective energetic ways for experiencing, giving meaning, and manifesting in life.

By being able to consciously align to my natural and most optimized energetic coherent way of being, I believe I can become more of the change I wish for the world and myself. I understand that Mentoring sessions exclusively address the energetics that are influencing my experience of the world. Since every emotion, thought, memory, hope, concept and physical experience of reality and the world exists with a characteristic amount of energy, the sessions and mentoring relationship are based upon unique approaches. We will be exploring the amount and type of energy that supports my experience and level of resourcefulness and how to transform this energetic in real and immediate ways and outcomes. I understand that no particular outcomes are promised or guaranteed.

I understand that our Mentoring relationship is distinct in its intent and applications from the physical, emotional, mental, spiritual, social and diagnostic health and therapeutic professions. I am aware that if I have had or experience any symptoms or conditions - physical, emotional, mental, psychological, or spiritual - for which I seek relief or remedy, I will need to seek the help of such doctors, therapists, or other professionals whose services are the diagnosis and treatment of symptoms and conditions.



The AlchemE Mentor Interactive sessions are exclusively for educational and experiential purposes as described above. The services provided will consist of information and suggestions that are intended to assist me to consciously employ available free energy to instantly fuel the self-organizing intelligences of creation to enhance my life in ways that I choose, through a new radiant, coherent and effortlessly manifesting energy field.

The purpose of these sessions is to help me connect to the energies of creation and know what extraordinary is in various domains of my life. They are designed to let me explore and experience the energetic mastery in my life and support me to consciously access and use the Creation's Codes.

I understand that AlchemE Mentoring sessions are exclusively provided by AlchemE Mentors™. Educational and experiential, these are based upon a very specific AlchemE Mentor training. Each Mentor has studied and personally utilized these energetic skills in their lives for at least two years with continued AlchemE personal training. Through having personally experienced Creation's Codes in action and being passionate about the impact for themselves and others, they have chosen to be able to assist others with the wisdom and magic that has so profoundly impacted their lives.

Each Mentor practices as an independent agent serving their clients and humanity in a way inspired by her AlchemE Mentor training. I understand my Mentor will draw upon personal and professional skills to provide customized Interactive sessions for my exclusive access according to my individual needs and requests.

I understand that AlchemE Mentor Sessions will be charged a fee for service, and that I am solely responsible for that cost.

I realize that I will be separately made aware of the financial arrangements for the types of sessions, available plans for continued care, and our mutual responsibilities in this dynamic, raw, real and beautiful collaboration.

Date

Please Print Your First and Last Name

Signature