



Ipsalu Tantra International

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MENTOR SERVICES AGREEMENT

Name:

Email:

Address:

Phone:

I understand that Mentor Services are provided by Ipsalu Tantra International to support my exploration and practice of Ipsalu Tantra Kriya Yoga (Ipsalu Tantra). Mentoring may include:

- Review and expansion of recognized Ipsalu Tantra techniques
- Sharing of experiences during my own Ipsalu Tantra practice
- Guidance regarding how to maintain a daily practice
- Emotional/energy flow work
- Guidance for the TantraBliss Practicum
- Initiation in first level Cobra Breath (after adequate preparation)

My Mentor is open to hear any question I may have about sexuality and tantric practice. However, I understand that Mentor Services do not include genital contact or sexual relations.

My Mentor and I will create an agreement about the scope of our session(s). I understand that my Mentor will not initiate or suggest sexual relations with her/him. The Mentor may give explicit sexual guidance during a session if I request it and if s/he feels it appropriate within the context of our agreement.

I agree that my primary motivation for requesting a Mentor is to deepen my understanding of Ipsalu Tantra, and not merely for sexual gratification. My Mentor may choose to end a session at anytime if s/he feels I am not living into this agreement, and I understand that no refund for the session will be given should the Mentor report that this agreement has not been honored.

I understand that Mentor Services are not a replacement for professional therapy, counseling, or qualified medical care.

I understand that a standard Mentor session is one (1) hour in length, and will take place over the phone (unless my Mentor and I make a different arrangement). I will be responsible for placing any scheduled calls, and for any long-distance telephone charges. I also understand that the rates for Mentor Services may be adjusted periodically.

I understand that the TantraBliss Practicum is for my private use, and I agree not to share the copy written material, or the passwords to access it, with anyone.

I agree that if, at any time and for any reason, I am dissatisfied with the services I am receiving through the Mentor Services Program, I will promptly contact the Ipsalu Tantra International office directly to discuss the problem. Living into Self-Responsibility, I agree to discuss the problem only with those who can affect a solution.

Please enroll me in Mentor Services.

My signature

Date

I request _____ to be my Mentor. [Optional]
I was referred to Mentor Services by _____. [Optional]

Credit Card Information (if not already received):

Card #:

Exp:

Card security code (on back of card):

Card billing address:

Mail, fax or email this form to Ipsalu Tantra International.

For ITI office use: