

Delta Genesis Partnership Agreement

This agreement serves as an official agreement outlining a partnership between _____ (you) _____ and Delta Genesis.

I understand that any client/patient of _____ (your practice) _____ who enrolls in the *Delta Genesis Customized System plus* program is encouraged to continue their care as currently prescribed or recommended by their current healthcare professionals.

I understand that Delta Genesis is a nonmedical program which combines the principles of functional neurology, occupational therapy, physical therapy, vision therapy, primitive reflex integration therapy, and synchronization therapy along with a coaching program to achieve measurable and long-lasting results for its clients.

I also understand that Delta Genesis does not diagnose or prescribe in any capacity and that Delta Genesis and its employees are not acting as healthcare or medical providers. I understand that all Delta Genesis clients are informed of the program's nonmedical status and there is no liability incurred by its members, its employees, its directors, or its partners.

I understand and agree that Delta Genesis will share 20% of the net revenue of any clients/patients referred by my practice. (Net revenue is defined as tuition (\$5000) less all scholarships, discounts, credit card fees, or financing fees.)

*Ex: Tuition= \$5000 - (\$1000 discount - \$1000 scholarship) - 5% processing fee = \$2,850.
20% of \$2,850=\$570.*

I understand that there is no contract with Delta Genesis and that I may terminate my partnership at any time.