

DILTS/NLPU International 2026 Facilitator, Resource Enrollment Form
Robert Dilts, Judith DeLozier, Robbie Steinhouse, Judith Lowe



DILTS/NLPU International 2026 ONLINE
NLPU 550 Facilitator, Resource Assistant

August 3–15 Zoom meetings with Robert Dilts & the NLPU Trainer Team

Which do you prefer? You will be with either:
___NLPU 400 Trainer Cert. or ___NLPU 700 Master Trainer Cert.

Enrollment - Application - Deposit

Ms. ___ Mr. ___ _____ Date: _____

Address (Number & Street): _____

City: _____

Province/State: _____

Postal Code: _____

Country: _____

Email: _____

Website: _____

Telephone: _____

How do you want to see your name on your DILTS/NLPU Facilitator Certificate?

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## DILTS/NLPU International 2026

**Teresa Epstein** ~ NLPU Coordinator Box 934, Seaside, Oregon 97138

### VIDEO RELEASE AGREEMENT

I, the undersigned, enter into the following agreement (“Agreement”) with Dilts/NLP University (“Producer”). I have been informed that Producer is capturing footage of the upcoming ©2025 Master Trainer Certification and that my name, likeness, image, voice, appearance and/or performance is being recorded and may be included in a version of the recording edited for public distribution (“Product”).

1. I grant Producer Robert DILTS/NLPU and its designees the right to use the Product in any format, now known or later developed. I grant, without limitation, the right to edit, mix or duplicate and use or re-use Product in whole or in parts as Producer may elect. Producer or its designees have complete ownership of the Product, including copyright interests.
2. I grant Producer and its designees the right to broadcast, exhibit, market and otherwise distribute the Product, in whole or in parts, and alone or with other products, for any purpose Producer or its designees determine. This grant includes the right to use Product for promoting or publicizing.
3. I have the right to enter into Agreement and am not restricted by commitments to third parties.
4. Producer has no financial commitment or obligations to me as a result of Agreement.
5. I hereby certify that I am over the age of eighteen and that I have read, understand and agree to all of the above and that the rights granted Producer herein are perpetual and worldwide.

*Please return your signed & dated Video Release Agreement.*

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|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|