

EXHIBIT B

ENROLLMENT AND DISCLAIMER FORM (with waiver) FOR FIELD PRECLEARS/STUDENTS

To be completed by applicant (in triplicate)

I _____ full name)

of _____

_____ (address)

agree to participate in the following Service offered by _____ (hereinafter "Field Auditor")

Service _____

My participation is based upon the following:

If starting a Dianetics' Service:

1a. I understand that the spiritual healing technology of Dianetics is based upon the writings and recorded spoken words of L. RON HUBBARD and that these constitute the Scriptures of the religion. I further understand that Mr. HUBBARD is not an officer, director or employee of the CHURCH.

or if starting a Scientology Service:

- 1b. I understand that the Scientology religion is based upon the writings and recorded spoken words of L. RON HUBBARD and that these constitute the Scriptures of the religion, I further understand that Mr. HUBBARD is not an officer, director or employee of any Church of Scientology nor is he in any way connected with the Field Auditor.
2. I further understand that the above named Service is a religious Service of the Scientology religion, and that the terms " Scientology" and "Dianetics" are used by the Field Auditor to identify and distinguish Services delivered by him.
3. I understand that any benefits which I may derive from participation in the Service will be spiritual and religious and can be realized only as the result of exact adherence to and understanding of the Scriptures. In other words, I will get out of the Service that which I put in.
4. I REPRESENT THAT MY PURPOSE IN PARTICIPATING IN THE SERVICE IS EXCLUSIVELY RELIGIOUS AND SPIRITUAL, AND THAT I HAVE NO OTHER PURPOSE OR EXPECTATION THAN THAT I WILL OBTAIN RELIGIOUS AND SPIRITUAL BENEFITS FROM THE SERVICE. No individual or organization has made any claim that the nature or purpose of the Service or the benefits I will derive from the Service exceed my understanding of them as stated herein.
5. I rely solely upon the Field Auditor and not upon any other person or organization, for the ethical, lawful and proper delivery of the Service.
6. I waive any claim against L. RON HUBBARD, the Field Auditor, all Scientology organizations, and their agents, employees, affiliates, which is in any way inconsistent with the foregoing, and will hold them harmless from any related or resulting cost or liability, including attorneys' fees. I agree that any dispute with the Field Auditor, which cannot be resolved amicably, shall be submitted to the Scientology International Justice Chief, whose decision shall be binding.
7. I understand that the Field Auditor relies upon my above stated understandings and agreements in determining that I am qualified to participate in the Service.

I have voluntarily executed this Agreement this _____ day of _____, 19 _____.

Signature of Applicant _____

Signature of Parent or
Guardian if a Minor _____

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