

## Application: Shamanism Apprenticeship Seven Winds of Change 2010-2011

Name:	DOB & Age:	
Address:		
H-phone:	W-phone:	C-phone:
Email:	W	ebsite:
Emergency Contact:	Male/Female:	

**Please take additional space on the back or blank forms if needed.**

1) List trainings and studies you have presently completed or participated in?
2) Do you have experience in the 'journey' process?
3) What draws you to this particular training?
4) Do you have a regular spiritual practice?
5) In the last two years have you been either under the care of a physician or psychotherapist? Are there any medical concerns we need to be aware of? Food allergies?

6) What do you hope to gain from the training?

7) What would need to happen for you to feel this training was a success for you?

8) Is there anything else you would like us to know about you?

### The 7 Winds of Change

A Year long training in shamanic energy work meeting seven weekends over the course of one year.

#### **Workshop Agreement:**

My decision to participate in this Program is a personal decision. No one has made any promises or warranties as to the results or benefits I will receive, or as to any specific results I will realize from my participation in this Program.

I am committed to participating fully in this Program for the full training( all 7 weekends).

I understand that this includes being present for all sessions, completing all homework assignments, and supporting my fellow participants as requested.

I Understand that this Program is not therapy or psychological counseling and is not a substitute for the treatments or Services ordinarily provided by health care professionals for physiological or psychological complaints. If I desire therapy or psychological counseling, I will seek it from a licensed provider.

I am well, physically and emotionally and commit to being responsible for my own well being during the course of this workshop.

I understand that this workshop is for my personal benefit only and may not be appropriate for others. I affirm that I have answered all questions on the Forms honestly.

I release the workshop leader, workshop teaching assistants, and chief from any liability or injuries due to their negligence occurring now or in the future, during or after my participation in this workshop.

I understand that I am responsible for notifying a staff person if I choose to leave the Program without completing.

I Acknowledge and agree that the Program, as well as my participation in the Program, can be terminated at the Discretion of the Leaders for any reason at any time. In such event I will receive a pro rate refund of the tuition by sponsor. If I withdraw from the Program for any reason whatsoever, no part of the tuition shall be refunded and any unpaid portion there of shall become due and payable immediately from me to PachaWorks.

I also understand that the workshop sessions and anything I may share are confidential. I have read and understand this agreement fully and intend to be legally bound by it.

My signature below constitutes my acceptance of the conditions expressed in this agreement.

Submitted by: (print name) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_