

REGISTRATION FORM

_____ I am registering for "Energy Essentials for Empaths" fall 2024 series. Please indicate which of modules you plan to attend in the fall 2024 series. (You can also add modules later.)

_____ Module 1 – September 14, 2024 – The Basics

_____ Module 2 – October 12, 2024 – Self Care for Empaths

_____ Module 3 – November 9, 2024 – Being Sovereign in the Body

_____ I understand that the fee is \$200 per module.

_____ I understand that a \$50 deposit is required with registration to save my space in Module 1. The balance is due before the class. The fee for Module 2 and Module 3 (if attending) is due before each of the classes. (Payment will be refunded for classes missed due to Covid.)

_____ I understand that the fall 2024 series is in-person at Crow Moon Healing, 6472 Breunig Road in rural Mazomanie, WI.

Name (please print) _____

Address _____

City, state, zip _____

Phone _____ Email _____

Please share any physical or mental illness the facilitator should be aware of:

Please share any special needs or concerns you have about doing these classes:

Mail the registration form plus \$50 deposit to:

Debra Morrill, PO Box 766, Baraboo, WI 53913. Please make checks out to Debra Morrill.

Or to do online registration:

Email the completed form to debramorrill6@icloud.com. Or type your answers in an email.

Payment can be made by mailing a check or by paying online through PayPal, Zelle, or Venmo.

The email address to use for online payment is debramorrill6@icloud.com.

CONSENT FORM

I understand that the "Energy Essentials for Empaths" classes are being offered for the purpose of shifting energy and healing on a spiritual level.

I am aware that my participation in this series is not a substitute for psychiatric treatment, psychotherapy, therapeutic counseling or any other form of professional therapy. I am aware that Debra Morrill is not a medical professional, and that my participation in this shamanic healing is not a substitute for any medical treatment, advice or any other form of professional medical treatment.

I am voluntarily participating in this series, and I accept complete responsibility for my own physical, emotional, mental and spiritual well-being.

I understand that I have the right to discontinue my participation in this series at any time.

Exemption of Liability Clause: I hereby agree that Debra Morrill, Karen and Fred McIntosh, and Crow Moon Healing shall not be held liable in contract or in tort for any personal injury of any nature whatsoever that arises from or is the result of any of the healing experiences and/or my interpretation of them.

Signature _____ Date _____