

**REGISTRATION FORM**

\_\_\_\_\_ I am registering for "Energy Essentials for Practitioners" class on Saturday, Sept. 21, 2024.

\_\_\_\_\_ I understand that the fee is \$200.

\_\_\_\_\_ I understand that a \$50 deposit is required with registration to save my space. The balance is due before the class. (Payment will be refunded for classes missed due to internet outages or technical issues.)

\_\_\_\_\_ I understand this class is on the Zoom platform.

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](mailto: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 PayPal and Zelle is [debramorrill6@icloud.com](mailto:debramorrill6@icloud.com). For Venmo, send to the user id [debramorrill6](https://venmo.com/debramorrill6).

**CONSENT FORM**

I understand that the "Energy Essentials for Practitioners" class is 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 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 \_\_\_\_\_