## **REGISTRATION FORM**

I am registering for "Energy Essentials for Practitioners" class on Saturday, April 6, 2024.  I understand that the fee is \$200.	
I understand this class is on the Zoom platform.	
Name (please print)	
Address	
City, state, zip	
Phone	Email
Please share any physical or mental illne	ess the facilitator should be aware of:
Please share any special needs or concerns you have about doing these classes:	
Or to do online registration: Email the your answers in an email. Payment can	53913. Please make checks out to Debra Morrill.  e completed form to debramorrill6@icloud.com. Or type be made by mailing a check or by paying online through ess to use for PayPal and Zelle is debramorrill6@icloud.com.
	CONSENT FORM
I understand that the "Energy Essentials shifting energy and healing on a spiritua	s for Practitioners" class is being offered for the purpose of l level.
psychotherapy, therapeutic counseling of Debra Morrill is not a medical profession	series is not a substitute for psychiatric treatment, or any other form of professional therapy. I am aware that al, and that my participation in this shamanic healing is not a lyice or any other form of professional medical treatment.
I am voluntarily participating in this seriemotional, mental and spiritual well-beir	es, and I accept complete responsibility for my own physical, ng.
I understand that I have the right to dis	continue my participation in this series at any time.
	agree that Debra Morrill shall not be held liable in contract or cure whatsoever that arises from or is the result of any of the ation of them.
Signature	Date