

REGISTRATION FORM

_____ I am registering for the Call of the Drum series beginning in November 2024.

_____ I understand that this is a six-part series and that my participation is important for both myself and others in the group. I commit to attending all six of the classes.

_____ I understand the dates for the class are Sunday, November 17 and December 8, 2024, and then January 12, February 16, March 9, and April 6, 2025.

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

_____ I understand that a \$50 deposit is required with registration to save my space in the class. The remaining balance of \$150 for the first class is due the morning of November 17. For the other classes in the series, payment can be made at class.

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.

Payment can be made by mailing a check or by paying online through PayPal or Zelle. The email address to use for online payment is debramorrill6@icloud.com. You can also pay through Venmo where my user ID is [debramorrill6](#).

CONSENT FORM

I understand that the "Call of the Drum" series 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, 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 _____