

REGISTRATION FORM

_____ I am registering for "Energy Essentials for Empaths" fall 2025 series. Please indicate which of modules you plan to attend in the fall 2025 series. (You can also add modules later.)

_____ Module 1 – September 28, 2025 – The Basics

_____ Module 2 – October 19, 2025 – Self Care for Empaths

_____ Module 3 – November 16, 2025 – 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 internet outages or technical issues.)

_____ I understand that the fall 2025 series 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. 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 or Zelle is debramorrill6@icloud.com. My user ID for Venmo is [debramorrill6](#).

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 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 _____