REGISTRATION FORM

_____ I am registering for "Curious about Ancestral Healing?" one-day Zoom class on Saturday, January 23, 2027. Please indicate which of modules you plan to attend in the fall 2026 series. (You can also add modules later.)
_____ 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 that 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:

_____

Complete the registration form and email to me at debramorrill6@icloud.com. (You can also type your answers in an email.) At the same time, please send the $50 deposit to hold your space. Payment can be made online through Venmo, Zelle or PayPal. On Venmo, my user ID is debramorrill6. On PayPal or Zelle, use my email address debramorrill6@icloud.com. You can also send a check made out to Debra Morrill. Mail checks to Debra Morrill, PO Box 766, Baraboo, WI 53913.

CONSENT FORM

I understand that the "Curious about Ancestral Healing?" 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 _____