



# Pathways to Emotional Freedom

## REGISTRATION FORM

Today's date: \_\_\_\_\_

Program date: \_\_\_\_\_

Program location: \_\_\_\_\_

Purpose for attending Pathways to Emotional Freedom:

Name: \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_

Home ph: \_\_\_\_\_

\_\_\_\_\_

Work ph: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Who referred you/how did you hear about the program? \_\_\_\_\_

## TUITION

Tuition: \$379 + G.S.T. (\$18.95) = Total: \$397.95 Deposit due upon registration: \$200.00

Balance due prior to start: \$197.95

**PAYMENT METHOD**  Cheque  Visa  Mastercard  Amex

(Please make cheques payable to *Arlene Rannelli Consulting*. If you are paying by credit card, we will contact you by phone for your credit card information. The name on the credit card slip will also show up as Arlene Rannelli Consulting.)

**PAYMENT AMOUNT**  Deposit Only  Please charge for entire course

If you cancel 10 or more days prior to the workshop, you will be refunded your payment less \$150. Cancellation of 9 days or less will result in the loss of the deposit. If the presenters cancel the workshop, a full refund of the tuition will be made. The presenters are not responsible for prepaid, nonrefundable travel arrangements. In situations where you need to cancel due to unforeseen circumstances, we offer a one time opportunity to transfer your deposit to one of our future courses within one year.

## PARTICIPANT HEALTH INFORMATION

Please answer the following questions.

Do you have any physical conditions that may limit you or present a problem for you during this program?    Yes     No

If yes, what are they?

Are you currently seeing a counsellor or psychologist/psychiatrist for any emotional problems?    Yes     No

If yes, does this professional agree that your that your participation in this program would be beneficial for you?    Yes     No

Are you currently taking any prescribed medication for any mental or emotional problems?    Yes     No

If you checked yes to either of the above questions please include a written statement from your mental health professional with your registration that he/she is in agreement that this program would be beneficial for you at this time.

This course is not therapy and is not offered as a replacement or substitute for therapy.

I hereby acknowledge that I have read thoroughly and carefully the above information and that I understand it. I have carefully considered and answered all of these questions truthfully and thoroughly.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WAIVER, RELEASE AND INDEMNITY

Name: \_\_\_\_\_

Age: \_\_\_\_\_

I acknowledge that Arlene Rannelli has developed the programs associated with Source Energy Consulting to enhance the experience of life of those who choose to participate in the programs.

As these programs are experiential, I do not know exactly what value I will create for myself by attending, or what results I will create for myself afterwards.

I accept any and all risks that may arise from participating in these programs even if due to the negligence or gross negligence of those associated in any way with Arlene Rannelli. I undertake and agree to remove myself from participation if I sense or observe any unusual hazard or unsafe condition, or if, at any time, at any event or program I feel unable or unfit to safely continue for any reason.

I give a full release and waiver of liability and all claims that I have, or may have in the future, against Arlene Rannelli and all other Releasees from all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in any part of the programs or my presence at any venue at which the programs may take place, due to any cause whatsoever including the forms of negligence set forth above.

I agree not to sue and I further agree to indemnify and save harmless Arlene Rannelli and all other Releasees from all expenses, fees, and liability of damage award or cost of any type whatsoever arising from my participation in these programs.

I have read and understood this waiver, release and indemnity. I am aware that by signing this agreement I am waiving legal rights on my behalf and on behalf of my heirs, executors, administrators and next of kin.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_