

2019 Sacred Earth Medicine Path Application Form

Thank you for providing the following information, which is held in strict confidence, so that we may plan for and serve your needs during the program. - *Shaman's Journey*

Full Name:

E-mail:

Address:

Telephone:

Date of Birth:

Gender:

Relationship / Parenting Status:

Occupation:

Emergency Contact Person:

Emergency Contact Phone No.:

How did you find us?

Please tell us a little about yourself and your interest in the Sacred Earth Medicine Path:

Please list any shamanic, spiritual or alternative healing work that you have received:

Please describe any health conditions, hearing, eyesight or physical challenges that might affect your participation in classroom sessions or exercises such as stretching, breath work, sitting meditation, kneeling or bending:

Please submit to:

Shaman's Journey 30346 Goodspring Dr. Agoura Hills, CA 91301
shamansjourney1@gmail.com www.shamansjourney.net

March 2018

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Please list medications that you use:

Please describe any psychological or psychiatric therapy received in last year:

The Sacred Earth Medicine Path consists of four workshops. Is it your intention to participate in all four workshops? ☐ Yes ☐ No

Please Choose a Payment Option for Tuition and Meals :

☐ Pay in Full ☐ Pay Per Workshop ☐ Monthly Payments ☐ Work Study ☐ Graduate

Please list any food allergies or restrictions:

Participant Acknowledgement: I am fully responsible for my own health and well-being while participating in the Medicine Wheel. I understand that I have the right to decline to participate in exercises that I think may be harmful to my well-being at any time. I agree to immediately report any distress or injuries to the teacher.

Signature

Please submit to:

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