

Shamanic Workshop and Gatherings

Registration & Disclosure:

Shamanic Journeying Circle
Introduction to Shamanic Journeying Workshop
Shamanic Healing Practitioners Training Courses

Greetings!

Thank you for filling out this questionnaire in full. It is important for me to get to know students of workshops prior to accepting students in shamanic workshops. This form must be fully completed in order to complete the registration process. Please note that by signing at the bottom of the document you are agreeing to both the Workshop Registration and attached Disclaimer. This information will be kept confidentially, by myself and by my co-teacher, if a co-teacher is teaching along with me.

*Sincerely,
Tracy Shulsinger*

Workshop Registration

Name:

Date of Birth:

Phone Number:

E-mail Address:

Mailing Address:

Current or past healthcare conditions, including psychiatric/mental health:

How did you hear about this workshop?

What are our personal goals or intentions for this workshop?

What experience do you have with attending workshops, shamanic journeying or shamanic practice, and other spiritual practices?

Is there anything else that you would like to share with me about yourself, in regards to this workshop, your history, your intentions, etc.?

I have answered each question honestly.

Disclaimer Agreement

I understand that by participating in the Shamanic Journeying Workshop, that the purpose of Shamanic journeying is to engage the mind/body's natural awareness, guidance, and self-healing processes along with energy and spiritual work in order to complement, not replace, usual, customary, and reasonable medical treatment and medical care by qualified medical practitioners. I understand that the Shamanic Journeying process is not designed to diagnose medical conditions. Nor is Shamanic Journeying designed to treat, heal, or cure any disease, illness, physical disability, medical problem or mental illness, whether chronic or acute. Shamanic Journeying is not a replacement for appropriate medical attention or professional

mental health care. Shamanic Journeying is not medical advice, and should not be treated as such.

During the workshops, Tracy Shulsinger is in the role of a teacher and facilitator. Tracy Shulsinger is a Family Nurse Practitioner in her profession, but is not acting in that role during the shamanic workshops. Any participant of the workshop is there in the role of a student, and not as a patient, even if Tracy Shulsinger and that person have had or continue to have a health practitioner-patient relationship. If you have been or currently are receiving medical care from Tracy Shulsinger, please reframe from discussing any such medical care that is being received by Tracy Shulsinger during a shamanic gathering or workshop.

Reservation of Right

I fully understand that Tracy Shulsinger reserves the right to refuse to teach Shamanic Journeying to anyone, and that she further retains the right to terminate my participation in the Shamanic Journeying workshop at any time during the training for any reason and can ask me to leave if she determines that it is necessary for any reason at any time.

Waiver

In consideration of permission to use and be a part of the Shamanic Journeying Workshop, today and all future days and all other services or classes provided by Tracy Shulsinger, I for myself, my heirs, personal representatives or assigns do hereby release, waive and covenant not to sue Tracy Shulsinger, her directors, agents, employees and agents from liability from any and all claims, including, but not limited to, participation in activities, classes, observations, and use of facilities or premises.

Confidentiality

I understand that my experiences, conversations and disclosures during the Shamanic Journeying Workshop are completely confidential and shall not be disclosed to anyone else without my full written and express consent. Confidentiality is subject to the following exceptions: (1) the Shamanic Healer may release information if subpoenaed or otherwise legally obligated or reasonably allowed to do so (Including circumstances where there is clear and imminent danger to myself or another person); and (2) My confidentiality is always subject to the usual exclusions dictated by state and federal laws and regulations.

Cancellation Policy

Cancellation must be made 30 days in advance in order to have a full refund. In cases of emergencies and illnesses, different terms will be considered. Partial payment or refund will not be issued for partial attendance.

Severability

The undersigned further expressly agrees that the forgoing waiver and assumption of risk agreement is intended to be as broad and as inclusive as permitted by the law of

the State of Colorado and that if any portion thereof is held invalid, it is agreed that the remaining terms and agreements shall, notwithstanding, continue in full force and effect.

Acknowledgment

I have read and agreed to this waiver of disclaimer, reservation of right, waiver, confidentiality, cancellation policy and severability agreement, I fully understand its terms. I acknowledge that I am signing this Agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law.

Tracy Shulsinger, Shamanic Practitioner February 2018
The Healing Collective

Name (please print):

Signature: