

Family Constellation Workshop - Awakening Love, Recovering Connection

Name _____

Billing Address _____

City/St/Zip _____

Daytime phone _____ Email _____

Payment: My check is enclosed _____ Check number _____

(Checks to Bert Hellinger Institute, USA, send to: Divyo and Ram, 425 Flaming Arrow Way, Sedona, AZ 86336) **Do Not Register by Email.**

Signature _____ Date _____

WORKSHOP AGREEMENT

All workshop participants must sign the following prior to the start of the workshop in order to participate or attend.

I understand that this workshop may bring up issues of a highly personal nature that may cause me to experience emotional or physical responses that may be unexpected and/or unpleasant. Further, I understand that I may experience mental, emotional, physical, or spiritual distress and that such distress may cause unpleasant feelings. What is experienced in this demonstration workshop may create physical responses on my part or on the part of other participants. I understand that there is the risk of accident, injury, and emotional distress. I agree to assume this risk, including but not limited to the types of responses described. I confirm that I do not suffer from any mental or physical impairment, and have not been diagnosed at any point with a disorder, condition, or injury, either physical or mental, that might make it inadvisable for me to assume such risks.

This workshop is not designed as a substitute for therapy or as a substitute for any other form of professional consultation. The workshop is designed as an educational venue only.

By signing below, I willingly agree to the preceding statements and to hold harmless from all liability, the facilitator, the organizers, and all participants and observers attending this workshop.

I understand that I may leave the workshop at any time for any reason.

Participant signature

_____ Date _____