

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

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

State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

## REGISTRATION & INFORMED CONSENT AGREEMENT

1.) I, \_\_\_\_\_ (Print), voluntarily consent to participate in the program. I understand this program is educational in nature and not psychotherapy or a substitute for psychotherapy.

2.) I understand that the program may involve physical, mental, intellectual, and emotional activity, including exercises that may tax my physical, intellectual, mental and emotional capacity. I understand and acknowledge that my participation in the program and in every separate part of it is purely voluntary and that at all times I will be free to choose NOT to participate in any part or all of the training. I acknowledge my responsibility for exercising my own judgment and initiative in choosing what parts of the training I will participate in. I acknowledge that my choices and my actions may pose a risk of injury to myself or others. By this consent I knowingly and voluntarily assume the risk of injury either to myself or caused to others by me in the program. I release Conversations, Inc., its officers, directors and staff, and Neale Donald Walsch from any and all liability for injuries to myself. I agree to hold harmless Conversations, Inc., its officers, directors and staff and Neale Donald Walsch and any of his companies from any and all liability for injuries to myself and for any injury to others caused by me. \_\_\_\_\_ (Initial)

3.) I take responsibility for consulting with a medical doctor and/or psychotherapist prior to participating in the program concerning any known or potential physical, mental or emotional condition which I have or may have, and to ask for medical and/or psychotherapeutic permission to participate. I assume the risk, by this consent, of any physical or other injury, illness or conditions during the training, and hereby release Conversations, Inc., its officers, directors and staff, and Neale Donald Walsch and his companies from any and all liability therefore. \_\_\_\_\_ (Initial)

4.) I authorize Conversations, Inc., its officers, directors, and staff, and Neale Donald Walsch and any and all of his companies to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition I might suffer during the program. They may apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel deemed reasonable or necessary in their discretion and judgment. I knowingly and voluntarily release Conversations, Inc., its officers, directors and staff, and Neale Donald Walsch, of and from any and all liability, claims, suits and damages, including the cost, arising out of the engagement of such services and/or personnel on my behalf. \_\_\_\_\_ (Initial)

5.) I am \_\_\_ or am not \_\_\_ currently receiving psychiatric counseling. If yes, the name of my counselor is \_\_\_\_\_. \_\_\_\_\_ (Initial)

6.) I am \_\_\_ or am not \_\_\_ presently taking prescription drugs. If yes, please list all drugs on the back of this form. \_\_\_\_\_ (Initial)

7.) I certify that I (have) (have not) been under the any psychiatric treatment in any medical facility in the last 12 months. \_\_\_\_\_ (Initial)

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