

REGISTRATION FORM

Payment may be made by PayPal at <http://holotropic.com/schedule.shtml>
Or if you prefer to pay directly by check or credit card, please email or call the office.

Attach to email: workshop@holotropic.com
Or fax to: 415 383-0965
Or mail to: GTT Holotropics
38 Miller Ave PMB 516
Mill Valley CA 94941

Ph: 415 383-8779

- THE ADVENTURE OF SELF DISCOVERY -

- MOVIE YOGA -

Houston, January 22-24, 2016

Your name and email (so we can match this form to the payment you make online):

Name _____ Phone: _____

Email _____ Mailing address: _____

Your preferred first name for badge, if different: _____

Your preferred lunch: ___ vegetarian ___ gluten free ___ neither

Name(s) of others you paid for, and their contact information:

1) _____
name email phone

2) _____
name email phone

Use reverse or new page for additional participants. **Each participant must complete the medical and release forms below.**

HOW YOU FIRST HEARD ABOUT THESE WORKSHOPS:

- I'm on your email list and received a notice
- I received an email from _____
- I saw it on your website
- I heard about it from a friend
- Saw it on Facebook
- I saw an ad in _____ (print or online)
- I picked up a flyer at _____
- I heard about it at a Holotropic workshop led by _____
- I received a flyer in the mail
- other _____

CANCELLATION POLICY: \$100 of the workshop fee is non-refundable. The balance is refundable if requested in writing by January 1, 2016.

Please initial to indicate you read these policies: _____

Unless you request otherwise, you will be added to our list to be notified of future events. If you DO NOT want to be on the list, please check here: _____ .

Unless you request otherwise, you will receive information from certified Holotropic Breathwork facilitators from the workshop who give workshops in your area regarding future events. If you DO NOT want to be on the list, please check here: _____ .

CEUs: 16 ½ contact hours are offered for this workshop with the California Board of Behavioral Sciences. If you would like a letter confirming your attendance, please write your name and license number below. The letter will be emailed to you after the event.

_____ name for CEU letter

_____ license number

Medical Form for Holotropic Breathwork

(Complete only if you are attending *The Adventure of Self-Discovery*. Form is not required for Movie Yoga.)

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer all questions as completely as possible.

1. Do you have a past history of, have been diagnosed with, or are currently experiencing, any of the following:

	YES	NO
A) Cardiovascular disease, including heart attacks and any cardiovascular surgery	_____	_____
B) High blood pressure	_____	_____
C) Diagnosed psychiatric condition	_____	_____
D) Recent surgery	_____	_____
E) Past or recent physical injuries, including fractures or dislocations	_____	_____
F) Present or current infectious or communicable diseases	_____	_____
G) Glaucoma	_____	_____
H) Retinal detachment	_____	_____
I) Epilepsy	_____	_____
J) Osteoporosis	_____	_____
K) Asthma (If yes, please bring your inhaler to the workshop)	_____	_____
2. Are you currently pregnant? _____
3. Have you been hospitalized in the past 20 years for significant medical issues? _____
4. Have you ever been psychiatrically hospitalized? _____
5. Are you currently in therapy or involved in any type of support group? _____
6. Are you currently taking any type of medication? Describe on back. _____
7. Is there anything else about your physical or emotional status we should be aware of? _____

8. Emergency contact information: name _____ phone _____

If you answer "yes" to any of these questions, it is essential that you explain your answer on the back or on an attached page.

This medical form must be received by your workshop organizer as part of your registration. We cannot send your confirmation letter until we've received your medical form

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

Signature & please also print your name Age Gender Date

I have experienced Holotropic Breathwork before: Y or N _____

**GROF TRANSPERSONAL TRAINING / HOLOTROPICS
PARTICIPANT CONTRACT
RELEASE, WAIVER, AND INDEMNITY OF LIABILITY AGREEMENT**

This form must be completed by EACH registrant planning on attending any Grof Transpersonal Training / Holotropics event ("Program").

This agreement ("Agreement") is entered into by _____ ("Participant") and Grof Transpersonal Training / Holotropics, its officers, agents, principals and employees (hereinafter collectively referred to as "GTT Holotropics")

In consideration of being admitted to the Program and permitted to participate in the activities and Holotropic Breathworks ("HB") I hereby agree as follows:

1. This Agreement is made and entered into under the laws of the State of California and the United States and shall be interpreted, governed and enforced under and pursuant to these laws.
2. Participant agrees that should an action be brought against GTT Holotropics **for any reason** whether to enforce the terms of this agreement or on some other basis, Participant agrees that all disputes between Participant and GTT Holotropics will be litigated in Marin County, California and Participant waives any rights he/she may have in litigating in any other jurisdiction.
3. Participant has filled out the Medical Information Form and certifies that he/she does not have any medical or physical conditions which would impair or affect his/her ability to engage in any activities or which would cause any risk of harm to Participant, other participants and/or GTT Holotropics or otherwise endanger Participant's health while attending GTT Holotropics. Participant further agrees that it is Participant's responsibility to maintain the accuracy and contemporaneousness of the Medical Information Form. GTT Holotropics will assume that Participant's Medical Information Form is correct until Participant files an updated or corrected form. The medical information is fully incorporated by reference within this agreement.
4. Participant is aware that certain activities he/she may engage in during the Program are physically, emotionally and mentally stressful. Participant agrees to assume full responsibility for his/her own physical, emotional and mental health and hold harmless GTT Holotropics from any physical, emotional and/or mental damage that may be attributed to GTT Holotropics. Participant further holds harmless GTT Holotropics from any and all loss, liability, injury, damage or cost which may arise out of or in connection with participation in the Program.
5. Participant understands and agrees that he/she is attending the Program at the discretion of GTT Holotropics and can be dismissed from the Program at any time without being informed of the reason for dismissal.
6. Participant waives, releases and discharges any and all claims, rights and/or causes of action which he/she now have or which may arise out of or in connection with participation in the Program as well as which may arise out of or in connection with Participant's attendance and/or participation in the activities associated with the Program. Therefore, under no circumstance will Participant prosecute or present any claim for personal injury, property damage or any other cause of action against GTT Holotropics.

7. This agreement is binding on Participant’s heirs, assignees, dependents, personal representatives and estate.

8. No oral representations, statements or inducements have been made to Participant to cause them to enter into this agreement.

9. At the choosing of GTT Holotropics any claim or controversy that arises out of or relates to this agreement, or the breach of it, may be settled by arbitration in accordance with the rules of the American Arbitration Association. Such arbitration shall be binding upon the parties and Judgment upon the award rendered may be entered in any court with jurisdiction.

10. Should GTT Holotropics be successful in bringing an action to enforce the terms hereof or successful in defending itself from a suit brought by Participant, GTT Holotropics shall recover all costs and expenses incurred in such action, including reasonable attorneys’ fees.

11. Should any provision of this Agreement be held invalid or illegal, such illegality shall not invalidate the remainder of this Agreement. In that event, this Agreement shall be construed as if it did not contain the invalid or illegal part, and the rights and obligations of the parties shall be construed and enforced accordingly.

I have read this agreement and understand it contains *release of all claims* language for injuries and damages. I voluntarily sign my name evidencing acceptance of the provisions of this agreement. If English is not my native language I have either studied enough English to be able to read and understand this agreement, or I have had this agreement explained to me in my native language.

Date:

Grof Transpersonal Training / Holotropics

[Name of participant]