

Family Constellation Work with Suzi Tucker

Please fill in and sign this registration. Thank you!

Name _____

Address _____

Daytime phone _____ Email _____

WORK AGREEMENT

All workshop and course participants must sign the following prior to the start of the workshop or course in order to participate or attend. I understand that this workshop/course 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/course is not a substitute for therapy or a substitute for any other form of professional consultation. The workshop/course is designed solely for educational purposes.

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

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

Participant signature _____ Date _____

Please check one:

One-day or two-day workshop _____ (insert date/location)

Fundamentals of Family Constellations (beginning February 2018)

The Mentoring Space (beginning March 2018)

Advanced Mentoring Space (beginning January 2018)

The Write Hemisphere (beginning August 2018)

Please print, fill in and mail this registration form to:

Karen Passalacqua, PO Box 687, Oyster Bay, NY 11771

Payment may be included as check, made payable to "Bert Hellinger Institute, USA", or completed online.