

Clinical Phytotherapy Summer Camp

Registration Form & Waiver

To register for the 2010 Clinical Phytotherapy Summer Camp please print out and complete the Registration Form and the Waiver of Liability and return them with your non-refundable deposit and your postdated cheque payable to Chanchal Cabrera

Innisfree Farm
3636 Trent Road
Courtenay BC V9N 9R4

Cost: \$500.00 plus GST (total of \$525.00 including GST)

\$150.00 non refundable deposit payable by July 1st 2010 to reserve a space
The balance payable in one post dated cheque of \$375.00 dated for August 10th 2010

Program runs August 15th – 19th inclusive.

Note that spaces are limited to 20 so book soon to reserve your place

Items to bring:

It is likely to be sunny and warm (mid 20's in the day) but could be a few degrees warmer or it could rain.

Bug repellent, rain jacket, waterproof walking shoes, note-taking material, rain protection - rain hat, waterproof footwear, sun protection – hat or sun block, yoga mat, musical instruments (optional)

Your camping gear if you plan to camp on-site: a good tent, mat, sleeping bag, etc as well as a flashlight, personal toiletries and towel.

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About yourself (All information kept confidential)

Name _____

Address _____

Phone _____ Email _____

Dietary restrictions _____

Do you have medical conditions or allergies (i.e. bee stings, asthma, diabetes, etc) that could affect your safety while here at the farm?

Do you have any physical disabilities that could affect your safety or ability to fully participate while here at the farm?

Accommodation

I will be camping on the property I will make my own arrangements

Transportation

I need a ride _____ from (where) _____

I can offer a ride from _____ for (how many) _____

And finally, how did you hear about this course ?

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Waiver of Liability

I _____ (please print your name) understand and agree that, completion of this Clinical Phytotherapy Summer Camp does not mean or imply that I shall be licensed or qualified to practice as a herbalist nor to diagnose, or treat any medical condition excepting to such extent as by prior training and qualification.

Any adverse consequences obtained by myself or others resulting from the use of information provided to me during the Clinical Phytotherapy Summer Camp shall be solely my own responsibility and I shall not hold liable any of the instructors of the program in any way.

Your signature

Your name (printed please)

Date

Your background with herbs

Please use a separate sheet to describe your previous training or experience with herbal medicine and what you want to get out of this course / why are you taking it?