

Hemingway Hypnosis Retreat Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Birth day _____ Religious Affiliation _____

Emergency Contact _____

Are you under the care of a Physician _____

Please list any Medications you are currently taking _____

Did you bring all your medications with you? _____

Do I have your permission to take photos during the retreat and use them in promotional material with your approval? _____

As I enter the sacred space of the Hemingway Hypnosis Silent Retreat I agree to the following.

1. I am participating by choice, I want to be here.
2. I understand that my involvement in this retreat involves 3 days of looking inward and I am responsible for all of my experiences.
3. I have carefully read and understand the code of discipline for the course.
4. I am prepared to follow strictly all the rules and keep to the timetable.
5. I understand that it is to my benefit to remain until the end of the retreat. However, if I choose to leave early I forfeit any monies paid. Do you agree with this? _____

6. Will it be possible for you to observe complete silence throughout the 24 hour silence period? _____
7. For the next three days will you be willing to suspend all past practices, rites, rituals, mantras etc.? And open yourself up to something new? _____
8. For the duration of the course will you abstain from all of use of tobacco, drugs, and other intoxicants? _____
9. I hereby certify that the information on this form is true to the best of my knowledge, and that I am Mentally and Physically able to perform all of the tasks asked of me during the time of the retreat.

Signed _____ Date _____