



**Application for
Workshops & Learning Program**

Date you wish to attend: _____

Name: _____

Address: _____

City/State/Zip: _____

Mobile #: _____ **Home #:** _____

Email: _____ **Website:** _____

Referred by: _____

I am registering as a Learning Program participant (in ongoing group) and am committing to a 6-month segment: YES / NO

I am interested in the Learning Program: YES / NO

I am registering as a one-time participant (1 x weekend only): YES / NO

I would like a facilitated Constellation (generally needs to be reserved a month in advance): YES / NO

I have previous experience with Constellation Work: YES / NO

of Constellation workshops attended and/or # of Constellations undertaken: _____

_____ **was/were my Constellation facilitator(s).**



Hold Harmless and Photo/Video Release Agreement

No application can be accepted without this completed and signed form. By applying for and participating in this program, you are agreeing to the “Hold Harmless & Release Agreement” below and are giving permission for video, audio taping or photography.

By signing this Agreement to attend all or part of the program, the applicant agrees to the following conditions.

I understand that this program may cause me to experience mental, emotional, physical, or spiritual distress with unpleasant symptoms. By enrollment and participation in this program, I agree to assume this risk. I confirm that I do not currently suffer from any mental, emotional or physical impairment that might make it unadvisable for me to assume such risks. This program is an education venue and not designed as a substitute for therapy. I agree that if I am under the care of a therapist or medical doctor, I will inform my provider of the nature of this work.

I agree to advise the facilitator if I am taking medication for any physical or psychological conditions that may affect my participation ability. This information will remain strictly confidential. The workshop coordinators reserve all rights to accept or reject any person as a participant at any time for any reason. Changes in the structure of the workshop may be made at any time when deemed necessary for health, convenience or safety of participants.

I willingly agree to hold harmless and release from all liability the organizers, facilitators, presenters and their associates, as well as the participants of this program, including The Relational Constellation Institute of California, Dyrrian Benz-Chartrand, JoAnna Chartrand-Benz, any support and organizing staff, and the facility where the workshop is being offered.

On occasion, someone in the group will want their constellation video taped or photos taken. As such, I grant the Relational Constellation Institute of California and its associates all rights and permission to videotape, audiotape or photograph my participation in the program and related constellations. If I decide to request video taping of my constellation, JoAnne Chartrand-Benz must be notified before the program. *Videos and photos are only for personal use or for teaching purposes.*

By my registration and participation in this program, I agree with these conditions.

Signature: _____ **Date:** _____

Name (Printed): _____