



**Registration and Release Form
(Participation/Observation)**

In order to attend the April 17, 2019, **Systemic, Structural and Family Constellation Workshop NYC** being facilitated by Annie Block Pearl, the following form must be completed in full and returned by email or snail mail to the address below with payment prior to April 5. Each participant must fill out a separate application, whether or not you are attending together. **Please read the statement carefully.**

Name: _____

Address: _____

City/St/Zip: _____

Phone _____ Email: _____

WORKSHOP LOCATION AND DATE/TIME:

Sheen Center for Thought and Culture, Studio C, 18 Bleecker Street, entrance on Elizabeth Street
Telephone; (646) 270-3276

Wednesday, April 17, 2019 6 PM to 10 PM

Please arrive by 5:45 PM so that we can begin promptly. We will take short breaks but no dinner break so please plan accordingly. NOTE: No food is allowed in the Studio. Water and coffee are permitted.

Cost: \$85

Cancellations made 10 days prior to the start of the workshop will be refunded 100%. After that, a \$25 processing fee may be deducted from your refund. No-shows or less than 24-hour cancellations will not be refunded.

All workshop attendees are requested to sign below in order to participate. Powerful healing is possible for every participant: as a client, a representative, or an observer. *Not all who attend the workshop, however, will have the chance to be a client in their own constellation. For further information, please read "Whose Constellation Is It Anyway?" at annieblockpearl.com/event.html.*

RELEASE FORM

I understand this is a self-exploration workshop and not a substitute for medical treatment or therapy. I am in good physical and mental health. If I am under the care of a physician or therapist, I have informed my physician or therapist of the nature of this work and have their approval to proceed.

The facilitator reserves the right to accept or reject any person as a participant at any time, and to make changes in the workshop or setting whenever deemed necessary for the comfort, convenience and safety of the participants, and to cancel a workshop session at any time. In the rare event a session must be canceled, Annie Block Pearl shall have no responsibility beyond the refund of moneys paid to her by participants for that workshop session.

In signing this document below, I willingly agree to hold harmless and release from all liability the location, organizers, facilitators, and participants in this workshop, including Annie Block Pearl.

Participant signature _____ Date: _____

Name of Participant
(please print) _____

_____ Credit card payment: Please contact Annie to request a secure online-payable invoice.

_____ Check or money order enclosed. Payable to Annie Block Pearl, 130 East 18th Street, # 10D, New York, New York 10003