

Form for those who participated in a previous Process Workshop

Date of this Process Workshop _____

Return via email to Sandra@CastellinoTraining.com or via fax to (805) 687-4719

(Fill in only phone, address and email change since your last process workshop with Ray)

Name: _____ Licenses and degrees: _____
Birthdate: _____ Age: _____ Profession: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____ Mobile phone: _____
Home fax: _____ Work fax: _____ Email: _____

- What is your purpose for taking this workshop?
- Some of the workshop techniques involve physical exertion. Do you have any medical conditions that would contraindicate involvement in such techniques? If yes, please explain.
- Do you have any area of your body that needs special consideration? If yes, please explain.
- Are you presently taking any medications or drugs? (name of medication, for what condition)
- Are you presently using any recreational drugs, alcohol or nicotine? (amount per day / week)

I agree to the following (*please initial each and sign at the bottom*):

- _____ To allow my contact information (name, address, phone number, email, and birth date) to be shared with other participants in this workshop prior to the workshop, or to send an email within two weeks of signing up for the workshop specifying what contact information I do not want shared.
- _____ Taking responsibility for my well-being during and after the workshop.
- _____ Being in good physical, emotional and mental condition and able to participate in the regularly scheduled activities of the workshop.
- _____ Maintaining confidentiality about what takes place in the workshop.
- _____ Reading and agreeing to the logistical information for this workshop, available on the website; particularly the cancellation policy, food restrictions, and scheduling, including start and end times and lunch and snack breaks.
- _____ Attending all scheduled days, arriving on time at the beginning and after lunch breaks, and leaving at the end of the day after the workshop is complete. If flying in, I will plan to arrive at least two hours early in case of airline delays.
- _____ Payment of fees as outlined on the website, including cancellation fees.
- _____ Abstaining from alcohol, recreational drugs and nicotine from the day before the workshop until the completion of the workshop including breaks and evenings.
- _____ Not using perfume or aromatherapy or strongly scented shampoos.
- _____ Abiding by any food restrictions at workshop locations. In Santa Barbara and Ojai, this means bringing only vegetarian food (no meat, fish, fowl, eggs) onto the site.

Signature: _____ Date: _____