

**Guatemala 2017 REGISTRATION FORM 2<sup>nd</sup> Part**

**With Ernesto Ortiz**

**Please use an additional page if you need to provide more information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State / Country: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you desire to share your room with a person you already know please provide:

\*Name of the person:

\* Type of room you are requesting:

Twin room, double occupancy (2 single beds) or single room, single occupancy (1 single bed)

Limited number of single rooms.

Please provide us with any information about your health that we must be aware of:

Please let us know if: You have ever attempted suicide, if you are under psychiatric care or have been hospitalized for mental disorders, if you suffer from schizophrenia or epileptic seizures?

Please provide the following information:

\* Contact person in your hometown:

\* Relationship:

\* Emergency telephone number:

**IMPORTANT:** Please provide a photocopy of your passport when you submit your registration

Please acknowledge that Journey to the Heart, Ernesto Ortiz and all teacher assistants do not provide insurance for this tour. You are responsible for taking travel and health insurance of your own.

\_\_\_\_\_ (Initial here)

I understand that Journey to the Heart workshops are processes designed to assist me in "self-exploration" and "self-healing". I further understand that these workshops are direct experiences and, though educational in nature, are not treatment or therapy. They are not intended to be used to replace any treatment or therapy which may be appropriate for any person.

In consideration of participation in Journey to the Heart workshops, I hereby release and forever hold harmless and indemnify Ernesto Ortiz, Journey to the Heart, and, other facilitators, assistants, agents, successors and assigns which I may now have or have at any time in the future.

Signature: \_\_\_\_\_