

BARBARA BRENNAN SCHOOL OF HEALING®

Fundamentals of Brennan Healing Science®

500 N.E. Spanish River Blvd., Suite 108

Boca Raton, Florida 33431

Telephone 800-924-2564 or 561-620-6767 Fax 561-620-9028

Email bbsh.office@barbarabrennan.com

We are pleased you have registered for a Fundamental of Brennan Healing Science Program and we look forward to meeting you. You will enter into an experience designed to support your unfoldment and a deepening knowledge of your essence. If you have questions or need further information, please contact your workshop leader. She/he is very excited about this program and look forward to your participation.

Along with general information to assist you in preparing for the workshop, we have included the following:

- Confidential Participant Profile - Page 2
- Informed Consent and Release - Page 3

These items need to be completed and returned to your workshop leader before the workshop.

PROGRAM OVERVIEW

This introductory program explores the principles of healing, including the theoretical, physical, energetic, psychological, and physiological bases for laying on of hands. The course draws from scientific and metaphysical sources to bring together many aspects of human experience that describe and explain the healing process.

The beginning lecture is open to the general public. Therefore, you may wish to share your interest in this work with your family and friends. Consult with your workshop leader for costs and times.

The workshop days are spent in a combination of lecture and experiential learning of hands on healing techniques, techniques for opening your high sense perception and much more. A typical 2-day schedule is:
Day 1: Program 9:00 AM—5:00 PM Day 2: Program 9:00 AM—4:00 PM
School Overview 5:00 PM—6:00 PM

FBHS PROGRAM INFORMATION GUIDELINES

1. We suggest that you read as much of HANDS OF LIGHT® as you can before you come to the workshop. It will greatly increase the amount of material you will be able to absorb. LIGHT EMERGING, Barbara Brennan's second book, will also enhance your understanding.
2. Please dress comfortably Synthetic materials, such as nylon stockings, inhibit the flow of energy through your body and field. For this workshop we recommend you wear natural fibers (i.e., cotton, silk, wool).
3. Many people have negative or even allergic reactions to scented products. Adverse responses are often intensified during situations when many people are together for extended periods of time. So we ask you to please refrain from wearing any scented products including:
Perfume, Cologne Bath Oils Scan
Hand Lotion and Body Lotion Hair Spray Essential Oils
4. If you wish, you may bring light snacks or fruit, nuts, etc., for break periods, since healing work may make you hungry.
5. Some days start with a guided meditation. If you arrive late please enter quietly.

6. We recommend that you do not schedule activities on evenings of program days. The intensity power, and clarity of energy in the group and through your energy system builds each day. The program will challenge your energy system, and you will need your rest.

7. Please be advised that audiotaping, videotaping, and photographing are not permitted.

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Fundamentals of Brennan Healing Science Confidential Participant Profile

Please print and use blue or black ink.

First Name	MI	Last Name
Address		
City	State	Zip/Postal Code
Country		
Daytime Phone*		Evening Phone
Fax*	E-mail	

*If international, include country/city codes.

Occupation: _____

List medications currently being taken or taken within the last 2 years. Please list conditions for which they are/were being taken. (Fill out below medical waiver form if your medications are listed on the form)

List present physical problems:

Have you ever been hospitalized and/or treated for psychological difficulties, or has hospitalization or psychological treatment been recommended? _____ NO YES _____
If yes, for what and when? List date(s).

Please answer all questions. Mark "N/A" if not applicable. Submit original and make a copy for your records.

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Fundamentals of Brennan Healing Science
INFORMED CONSENT AND RELEASE

I have registered for a Fundamentals of Brennan Healing Science, which includes workshops, classes, and other related activities (herein after collectively called the Program) offered by a BBSH faculty member.

I have been informed that the general nature of the Program, and the techniques used therein, are designed to provide a general overview of Professional Brennan Healing Science®, and will present situations that may be physically or emotionally stressful at various stages of the Program.

I have been informed that the Program is designed for healthy and emotionally stable people and that a person who, as a result of a physical, mental or emotional disorder, is unable or unwilling to explore emotionally stressful situations or unable to deal with other aspects of the Program, should not enroll in the Program.

I represent to you that I am not now, nor have I been hospitalized for a mental disorder within the past five years. I am not currently taking psychotropic medications (which include anti-anxiety agents, anti-manic agents, anti-depressants, pschostimulants, anti-panic medications, and anti-psychotics), seizure disorder medications or prescription sedatives and have not taken psychotropic medications, seizure disorder medications or prescription sedatives within the following proscribed periods, and no such treatment has been recommended. In the case of psychotropics classified as anti-psychotic, the proscribed period shall be two years. In the case of other psychotropics, seizure disorder medications or prescription sedatives, the proscribed period shall be six months. I understand that this prohibition shall apply to psychotropic medications, seizure disorder medications or prescription sedatives prescribed to treat a mental or emotional disorder. I further represent that I am physically and mentally healthy that I have no knowledge or reason to believe that I am emotionally unstable, and that I will consult my own physician or other health professional if there is any question in my mind about my physical or emotional ability to participate in the Program. I agree to notify the FBHS Workshop Leader should my condition change prior to the commencement of the Program, and I understand that any such changes may require that I cancel my participation in the Program and that my withdrawal will be subject to the terms of the Cancellation Policy.

If at any time I feel that I am unwilling or unable to engage in any exercise or aspect of the Program, or if I experience any unwanted symptoms or unusual discomfort or stress, I agree to inform the person leading the Program at once

I understand that the Program is an introductory program and does not prepare a participant to practice the science of healing, which requires substantial further training and certification.

I understand and agree that all written or other materials which may be presented during the Program are the property of BBSH/BBI. I understand and agree that videotaping, audiotaping, and photographing of all or any portion of the Program is strictly prohibited. I agree not to reproduce, copy or otherwise duplicate, publish or disseminate in any way, any such materials without the express written permission of BBSH/BBI or the FBHS Workshop Leader(s).

I, on my own behalf and on behalf of my past, present and future agents, representatives, attorneys, heirs and assigns, for good and valuable consideration received from or on behalf of Barbara Brennan, her past, present and future agents, representatives, heirs and assigns and the Barbara Brennan School of Healing,

and its respective past, present, and future affiliates and its respective agents, employees, subcontractors, contractors, representatives, officers, directors, assigns, successors and predecessors in interest (the 'Released Parties'), hereby remise, release, acquit, and forever discharge the Released Parties, of and from all, and all manner of, action and actions, cause and causes of action, suits, debts, dues, sums of money, liens, accounts, reckonings, covenants, contracts, controversies, agreements, promises, damages, judgments, executions, medical/hospital expenses, loss of earnings and earning potential, pain and suffering, claims and demands whatsoever, in law or in equity, arising or relating to my Participation in the Fundamentals of Brennan Healing Science pro gram, which Releasing Party ever had, now has, or which may arise against the Released Parties.

I understand that any alteration of this Informed Consent and Release automatically cancels my admission into this program. I have not altered the terms of this informed Consent and Release.

Participant Signature

Date

Name (Please Print)

Age of Participant

Parent or Guardian Signature (if participant is under 21)

Relationship to Participant

Submit original and make a copy for your records.

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