



**Indigenous Wisdom For Diasporic Africans, Inc.**

**PROGRAM REGISTRATION**  
**P.O. Box 68 Lawrence, New York, 11559**  
**Fax: 718-785-5984**

Conveniently fill this form on screen then print to sign.

|                        |  |
|------------------------|--|
| <i>Office use only</i> |  |
| Received date:         |  |

Herein lies our medicine

Name \_\_\_\_\_ Year of Birth or Clan \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail (*Print clearly*) \_\_\_\_\_  
Program \_\_\_\_\_ Event Date \_\_\_\_\_  
Enter name of the program here Enter date here

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

**In an emergency please contact the persons below:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**How did you hear about this program?**

website  Email  Media \_\_\_\_\_  Other \_\_\_\_\_  
Indicate radio station or news paper

**Each ritual program is a co-creation of all participants. If you have any particular skills, knowledge or other resources you may be interested in contributing to the work of building community around this event, please indicate it here → \_\_\_\_\_**

| Date                     | Elemental Rituals         | Fee | ✓ | Transport | Fee | ✓ |
|--------------------------|---------------------------|-----|---|-----------|-----|---|
| Aug 12                   | Earth                     |     |   | Bus       |     |   |
| Oct 21                   | Mineral/ Nature           |     |   | Van       |     |   |
| Sep                      | An Evening with Sobonfu   |     |   |           |     |   |
| Oct 27-29 and Dec 1 to 3 | Divination Training 1 & 2 |     |   |           |     |   |

CD's, Books, posters and other items are available on line at [www.iw4da.org](http://www.iw4da.org)

***The Fee For this event is \$ \_\_\_\_\_ .00 Please complete this section***

Please receive my payment of \$ \_\_\_\_\_ Check, | M.O. | Credit/Debit Card Balance due \$ \_\_\_\_\_  
Circle type of payment

Cardholder's Name \_\_\_\_\_ Card # \_\_\_\_\_  
Expiration date \_\_\_\_\_ Security code from back of card \_\_\_\_\_  
Card billing address \_\_\_\_\_

Please Print and Sign Name → \_\_\_\_\_

***Please Make checks payable to:***

**Indigenous Wisdom for Diasporic Africans, Inc., P.O. Box 68 Lawrence, New York, 11559**

# AFRICAN DIASPORIC REMEMBERING

## A journey into dagara shamanic wisdom in ritual workshops **INFORMED CONSENT AND RELEASE**

### PLEASE READ CAREFULLY BEFORE SIGNING

During the ritual workshops in which you will participate, you inquire into fundamental issues that have been of interest and concern to us as human beings and as people of African descent. In the course of this ritual workshop, participants often experience intense feelings ranging from excitement to sadness. Often participants cannot predict the depth of feelings that may surface. Most who choose to take on personal change within the space of these ritual workshops will find the event both physically and emotionally draining and rewarding. Some will leave feeling changed for the better. Your attendance at the ritual workshops is your expression that you are freely willing to participate in the event and that you are fully responsible for your own physical mental and emotional well-being.

While this ritual event may prove to be many things, the one thing it IS NOT is a substitute for medical treatment or psychotherapy. The facilitators are not functioning as health professionals.

A well-being team consisting of volunteers who are health professionals will be in attendance at each event. Members of the Well-Being Team will be available at all times. Should you experience any physical sensation or mental or emotional discomfort which you consider to be out of the ordinary, it is your responsibility to immediately inform a Well-Being Team member of your concerns. If a Well-Being Team member considers your behavior, demeanor, or physical state to warrant attention, you hereby grant her/him permission to interact with you around your overall well-being, and you agree to participate fully and cooperatively in that regard.

### **Please sign below:**

***I have read and thoroughly understand this Informed Consent and Release. I represent that I am participating in the Indigenous Wisdom for Diasporic Africans event voluntarily, and I understand that I am responsible for my own physical, mental, and emotional well-being, I agree to the terms above that require me to inform an Indigenous Wisdom for Diasporic Africans representative if I feel overwhelmed and/or am unable to handle the emotions evoked by my participation in this event. I will contact an Indigenous Wisdom for Diasporic Africans representative immediately if I experience self-destructive thoughts, paranoid thoughts or other abnormal sensations, and signs of emotional deterioration.***

***I willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assigns, all risk of physical injury and mental and emotional upset which may occur during or after the ritual workshops, and I hereby agree to hold Indigenous Wisdom for Diasporic Africans, Inc., Malidoma Some and Malidoma & Associates, their officers, directors, employees, agents and/or volunteers, harmless from any and all liability arising out of my participation in this and all ritual workshops conducted by Malidoma Some and the Indigenous Wisdom for Diasporic Africans, Inc.***

Signature \_\_\_\_\_

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

***AS PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED MINOR, I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS INDIGENOUS WISDOM FOR DIASPORIC AFRICANS, INC., EVENT, AND I AGREE TO THE ABOVE STATEMENTS ON HIS/HER BEHALF.***

Parent's Signature: \_\_\_\_\_

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