



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

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: _____