



## Earth Medicine Institute

David Bruce Leonard, L.Ac. ~ (808) 937-4218

[EarthMedicineInstitute.com](http://EarthMedicineInstitute.com)

[david@davidbruceleonard.com](mailto:david@davidbruceleonard.com)

On which island will you be attending classes? Circle one:

Big Island

Maui

O'ahu

Please return completed form to:

Big Island Coordinator: Zan Alexandra Briggs • (808) 217-7457 • [ecowahine@yahoo.com](mailto:ecowahine@yahoo.com)

Maui Coordinator: Stacy Domer • (808) 280-0687 • [stacy.mauiisland@gmail.com](mailto:stacy.mauiisland@gmail.com)

O'ahu Coordinator: Deanna Rose • (781) 329-8446 • [deanna@indigoelixirs.com](mailto:deanna@indigoelixirs.com)

Name:

Birth date:     /     /

Age:

Address:

Phone: Home:

Email Address:

Work:

Shall we put you on our email list?   yes   no

Shall we contact you on Facebook?   yes   no

How did you hear about the Earth Medicine Institute?

In case of emergency contact:

Phone

Relationship

Describe your strengths and weaknesses:

MAIN REASON FOR STUDY: Please briefly describe your reasons for this course of study.



## Earth Medicine Institute Policies and Agreements

PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO:

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Maui Coordinator: Stacy Domer • (808) 280-0687 • [stacy.mauisland@gmail.com](mailto:stacy.mauisland@gmail.com)

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Name \_\_\_\_\_

Please ***select one*** payment option for the 100-Hour Wild Crafter Certification:

1) \$1099 paid in full before August 1, 2013. This option includes a \$300 discount on tuition.

Initial here ☞ \_\_\_\_\_

***or***

2) \$1299 paid by September 1, 2013. This option includes a \$100 discount on tuition. Initial

here ☞ \_\_\_\_\_

***or***

2) \$1399 paid by the first day of class.

Initial here ☞ \_\_\_\_\_

***or***

3) Payment plan for the full \$1399 tuition:

\$500 non-refundable deposit due before August 1, 2012

\$500 due on September 1, 2012

\$399 due on October 1, 2012

Totaling \$1399.

Initial here ☞ \_\_\_\_\_

Payments are due before the first class of each month. Non-payment for any given month will result in forfeiture of the deposit and suspension of the student from the program.

Initial here ☞ \_\_\_\_\_

Earth Medicine Institute deposits, fees, and/or tuition are not refundable. *No exceptions.*

**Feedback:** I do my best to give you value and high quality information, but I do make mistakes. *Let me know if I make a mistake or you are not getting what you want out of these classes.* Negative feedback is highly encouraged as long as it is not disruptive. Positive feedback is also welcome.

**Agreements:** I will not waste your time and expect the same in return. I do my best to give you the best quality learning experience that I can. In return, I ask a few things of each of you:

I agree to return phone calls and/or emails promptly.

Initial here  \_\_\_\_\_

I agree to do what I say I will do. If I find that I cannot keep an agreement, I will let an EMI staff member know as soon as possible.

Initial here  \_\_\_\_\_

I understand that this class is for informational purposes only and that I am not being trained as a medical practitioner. I understand that this certification is not a license to treat others or to practice medicine in any form.

Initial here  \_\_\_\_\_

I understand that I must attend all classes if I wish to become certified.

Initial here  \_\_\_\_\_

I understand that Earth Medicine Institute deposits, fees, and/or tuition are not refundable. *No exceptions.*

Initial here  \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**WAIVER, RELEASE, AND ASSUMPTION OF RISK**  
**PLEASE READ AND UNDERSTAND THIS WAIVER BEFORE SIGNING**

I, \_\_\_\_\_ understand and have had explained to me that Earth Medicine Institute classes may entail some risk of accident or injury and may involve injury or death as a consequence of my participation.

I understand that we may be hiking into areas which may be dangerous and which could possibly cause injury or death. I know that at any time and for any reason I am free to choose not to go into such areas and I accept personal responsibility for my health and safety while on these activities.

I understand that many medicinal plants are poisonous and can cause physical reactions that may involve injury or death. I understand that everyone's body and physiology are different and that side effects from plants can be unpredictable. I know that at any time and for any reason I am free to choose not to take herbal medicine and I accept personal responsibility for my health and safety should I choose to take herbal medicines for my personal use.

I understand and have had explained to me that along with the possibility of personal injury, injury to property is also possible such as, but not limited to possible loss of wages and the ability to earn wages.

I agree to keep other members of the group in sight while on field trips. I understand that I am not to jump into any body of water during any Earth Medicine Institute class or field trip. I understand that I must have appropriate foot wear on field trips including hiking boots and/or tabis (reef walkers) and that failure to have such foot wear will prevent me from attending these field trips. I understand that I am expected to carry drinking water, rain gear, and food, and a walking staff during field trips and these will not be provided.

I have no health conditions that might prevent me from safely participating in any class or field trip. If health conditions arise which might complicate my participation in classes or hikes I understand that it is my responsibility to notify an Earth Medicine Institute staff member of these changes.

I am in full recognition and appreciation of the dangers and hazards inherent in the Earth Medicine Institute classes and field trips, to which I may be exposed during my study of herbal medicine.

I agree and consent to grant David Bruce Leonard and the Earth Medicine Institute the absolute and irrevocable right and permission to use my footage, my name and likeness, to: reproduce, edit, exhibit, project, display, copyright, publish the moving pictures and/or videotaped (digitally recorded) with or without my voice or in which I may be included in whole or in part, photographed, taped, videotaped, and/or digitally recorded and to circulate the same in his future documentaries and promotional materials. It is acknowledged that I have agreed to waive compensation for such consent and that no other compensation is required. By this consent, I waive any and all claims that may exist in connection the above.

I certify and declare that I will release and forever hold free and discharge from any liability, David Bruce Leonard, the Earth Medicine Institute, and/or their agents, employees and representatives, acting officially or otherwise, of and from all claims, demands, rights, and causes of action of any nature whatsoever. I also understand that this waiver, release, and assumption of risk are forever binding on my heirs and assigns.

Further, knowing and understanding these risks, nevertheless I hereby agree to voluntarily assume all risks and responsibilities surrounding my participation in such activities.

**My signature on this document is evidence that I know and understand and have had this document explained to me.**

Signature \_\_\_\_\_

Date \_\_\_\_\_