



**Earth Medicine Institute ~ David Leonard, L.Ac. ~ (808) 937-4218**  
**www.EarthMedicineInstitute.com    earthmedicine@protonmail.com**

Welcome. Please fill out this form.

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?

Do you have any allergies?

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...

Earth Medicine Institute  
15-2660 Pāhoa Village Road  
Ste 105 PMB 181  
Pāhoa, HI 96778  
or by email to: EarthMedicine@protonmail.com

Name \_\_\_\_\_

**TUITION ~**

\$995 paid in full by May 07, 2022.

Initial here ☞ \_\_\_\_\_

**TUITION PAYMENT PLAN ~ [Total of \$995]**

\$300 due *before* the first day of class May 07, 2022.

\$200 due May 07, 2022

\$200 due May 28 2022

\$200 due June 18, 2022

\$ 95 due July 09, 2022

Initial here ☞ \_\_\_\_\_

*I understand that non-payment for any given month under this plan will result in my forfeiture of any funds paid and my suspension from the program.* Initial here ☞ \_\_\_\_\_

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

**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.* Constructive feedback is highly encouraged. 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 weekend classes if I wish to become certified.

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

I understand that Earth Medicine Institute deposits, fees, and/or tuition are non-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 as a class 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, the Earth Medicine Institute, and their heirs and assigns, 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 and to transfer this right to others. 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 with the above.

I certify and declare that I will release and forever hold free and discharge from any liability, David Bruce Leonard, Earth Medicine Institute, Coco Wasi, 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 \_\_\_\_\_