

Registration & Waiver Form

Please complete all fields prior to your event

All information is kept confidential

Psychic Horizons

Name _____

Address _____

City _____

St _____ Zip _____

Phone-Cell _____

Phone-Home _____

E-mail* _____

Emergency Contact _____

Relationship _____ Phone _____

Attending Event:

- Free Tuesday Class
- Monday Healing Clinic
- Weekend Healing Clinic
- 2-hour Reading
- Step 1 Course

Please indicate your area(s) of interest:

- Personal Growth
- Improved Boundaries
- Meditation
- Improved relationships
- Create change in your life
- Spirituality
- Increased self-esteem
- Increased body/spirit awareness
- Life purpose

How did you hear about us?

- Friend
- New Living Expo
- Weekend Healing Clinic
- Bay Area Naturally
- Common Ground
- Craig's List
- Open Exchange
- Posted Flyer/Booklet
- Psychic Horizon website
- Vision Magazine
- Walked by
- Yellow Pages
- Yelp
- Other

Please email me a **FREE "Meditation Guide & Workbook"**
*email required

Waiver:

I, _____ acknowledge that Psychic Horizons cannot and does not guarantee or promise any particular results about the outcome of any class or event I attend. I also waive and release Psychic Horizons, its staff and students from all liability that arises from my attendance.

Signature _____

Date _____

If under 18 years of age: As legal guardian of _____,
I consent to the above terms and conditions.

Signature _____

Date _____