

Family Constellations – workshop participate form

****Save form to your computer fill it in then save again, check it saved correctly before sending****

Date: _____

First name: _____ Last Name: _____

Email: _____ Phone: _____

I agree It is my responsibility to disclose any physical or mental health issues that I have to Edwina to ensure the session is suitable for me.

I accept full responsibility for my participation as the process may involve intense emotions

I agree and understand that the session and video recording will be used for training purposes

There will be no exchange of money for this session the exchange will be your agreement to us video recording your session for training purposes.

COVID protocol

I agree to send proof of my COVID double vaccination status along with this form

I agree to notifying Edwina if I feel unwell prior to the session

I agree to notify Edwina if I am a close contact to someone with COVID in the week leading up to the session

I agree to sign into the venue by scanning a QR code

I agree to wearing a mask as COVID restrictions require

I agree to social distance as required

Date and time availability

The workshop date is Sunday 6th March (be there at 9.45am to start right on time) 10am – 5pm

Venue: **Liefde Wellness Centre**

54-56 Hartnett Dr
SEAFORD VIC 3198

I will be attending as a constellation client

I will be attending as a representative

Video, photo and Audio release consent

I, _____, consent to the Family Constellations session being recorded by Edwina / Spandah Pty Ltd T/a Relationships Constellations and that this may include my image, voice, or both, in the video, photograph, or audio recording. These recordings will be used for students of the course to access.

I agree that all such photographs, video, and audio recordings and any reproductions thereof, and all digital files shall remain the property of Edwina / Spandah Pty Ltd T/a Relationships Constellations. In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by Edwina / Spandah Pty Ltd T/a Relationships Constellations.

I waive any right to inspect or approve the finished photograph, video, or audio recording.
Initial: _____

I understand that this consent is perpetual, that I may not revoke it.
Initial: _____

I have read this consent and fully understand its contents.
Initial: _____

Signature: _____

Download completed form and email to edwina@relationshipconstellations.com

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