



First Name		Last Name			
Email			Date of Birth		
			Month:	Day:	Year:
Cell Phone		Home Phone		Work Phone	
— —		— —		— —	
Street Address					
City		Prov/State		Postal Code	(US Zip Code)
How did you hear about the Mastery?					
Present occupation:					
Education:					
Are you a performer? In what field?					
In what disciplines or therapies have you engaged?					

### Liability Waiver

I understand and acknowledge that I have chosen for myself to attend:

#### THE MASTERY OF SELF EXPRESSION WORKSHOP

and I accept full responsibility for my participation during the workshop. I agree to participate to the best of my ability and take full responsibility for my own health and well-being. I agree not to hold liable the producers, leaders, assistants, or other participants of the Mastery of Self Expression for any loss, damage or injuries. I am aware and agree that all personal information discussed in this workshop is confidential and I am aware of the cancellation policy.

Signature:

Date:

Method of Payment: Cheque  Visa/MC  Amex

Name

Card Number

Expiry Date (Month/Year)

/

Amount

Signature

Please contact Bob Gault 604.941.2770 or [ergault@telus.net](mailto:ergault@telus.net) website: [www.themasteryworkshops.com](http://www.themasteryworkshops.com)