

Indigenous African Spirit Technologies
with Malidoma Somé

Asheville, North Carolina

2009-2010 Training

June 24-28,2009 & September 16-20,2009

April 21-25,2010 & June 23-27,2010 & Sept. 22-26,2010

Application for Admission

Name: _____ Date _____

Name I prefer (nickname, if appropriate) _____

Street Address _____

City, State, & Zip _____

Telephone _____

Cell _____ Email _____

Website: _____

Emergency contact _____

Relationship _____

Emergency phone # _____

Any known allergies/sensitivities or other physical/medical/emotional situations which might be relevant in this program:

Medications being taken: _____

Please attach to this form *no more than* two pages, double-spaced, telling us about yourself, your history in spiritual experiences/training/work. What is your previous experience with Malidoma? Tell us what has inspired you to apply for this program. What are your expectations? Your concerns?

If you have concerns or questions which need immediate attention, please call Theresa at 828-777-1492, or send an email to Theresa@RitesofPassageCouncil.com

Release of Liability

I, the undersigned participant, understand that the five-session training, Indigenous African Spirit Technologies is a powerful and, at times, physically and emotionally stressful experience. I also understand that I will not be asked to do anything illegal, immoral, or against my will. I have chosen to participate in this program out of my own free will and without coercion. I recognize and understand that this program is a spiritual and healing experience, and not a form of mental, psychological, or medical therapy.

I take full responsibility for all my actions, conscious and unconscious, and, therefore, release Malidoma Somé, his support staff, the Rites of Passage Council and all retreat facilities where we stay from all medical and legal responsibility with respect to this five-session training.

I understand and agree that, if accepted into this two-year intensive, I am committing to complete the program and will attend all five of the scheduled sessions of the training. Therefore, I understand that once the training begins there will be no refunds even if I choose not to complete the training.

With my application I am enclosing a deposit of \$950. This deposit is non-refundable after May 19, 2009 which is one month before the first session of the training. If you do request a refund of the deposit before May 19, 2009 a \$50 administration fee will be deducted from your refund.

The tuition, including room and board, for this five-part program is payable in one of four ways. ***Please put a circle around your preferred payment schedule:***

\$950 deposit (will be applied to 5th session) + 1 payment \$4128=\$5078

\$950 deposit (will be applied to 5th session) + 2 payment \$2065=\$5080

\$950 deposit (will be applied to 5th session) + 3 payment \$1378=\$5084

\$950 deposit (will be applied to 5th session) + 4 payment \$1034=\$5086

Payments are due no later than at Registration at each of the first four sessions.

Each payment is due at the beginning of the first four sessions of the training. **Your deposit will be applied to the 5th session of the training.**

Make checks payable to Rites of Passage Council. You may pay via credit card using PayPal at our website: www.RitesofPassageCouncil.com/register. When paying with a credit card, **be sure to add 4%** to the amount that you are charging.

I also plan to bring ___ children. I include a separate application for each child. I understand that I am completely responsible for the care of my child(ren) **and take full responsibility for their safety at all times** throughout the five-session training. There is no tuition fee for children. The cost for room and board for children age 3 and under is

free, for children age 4-11, \$400 total for five sessions or \$80 per session, and for children age 12-16, \$600 total for five sessions or \$120 per session.

Lodging and meals are included in the tuition, although, if you have special food needs, you may need to bring some provisions for yourself. It is suggested that each person bring an additional \$15-20, per session, for incidentals/supplies (e.g. materials for the Cowry Shell Divination kit) needed at each session.

My signature indicates that I have read and agree to the terms of this application. I have given serious consideration to this commitment, and my intention is to participate deeply and fully in this important medicine work.

(Print Name)

(Signature)

(Today's Date)

Please print this form, and return it to the address below along with your deposit of \$950. You may wish to keep a copy for your personal records.

Rites of Passage Council
c/o Kedar Brown
45 Wells Valley Drive
Leicester, NC 28748

Tel: 828-777-1492

Theresa@RitesofPassageCouncil.com