

2010 A.W.E. - Personal Care

Melbourne, Australia

Please Fax your completed forms to +1 (61) 7 3319 6072

Name _____ Male Female Birthdate _____

Are you a Practice Member D.C. SRI WE Chiropractic Student C.A. D.C. Spouse

Name of your Practitioner: _____

Please answer the following questions. If additional space is needed use a second piece of paper.

How many Transformational Gates have you previously attended ? _____ (most recent) _____
How many SRIs have you previously attended? _____ (most recent) _____
How many HIPs have you previously attended? _____ (most recent) _____
How many ULTIMAs have you previously attended? _____ (most recent) _____
How many SRI WEs have you previously attended? _____ (most recent) _____
How many ULTIMATUMs have you previously attended? _____ (most recent) _____
How many A.W.Es have you previously attended? _____ (most recent) _____

Is there anything special about your spine or your Network/SRI care that you wish to share with Donny Epstein? _____

Is there anything you would like Donny Epstein to know about your personal development, evolution, or wellness? _____

If you are currently taking any medication, please list the medications and reasons for taking the drug(s).

Have you broken your skull, any bones, or vertebra? If yes, when. Please explain the details:

Have you had any surgeries? If yes, when. Please explain: _____

Is there any physical, emotional, mental, or chemical trauma which may have occurred to you since your last visit to your Practitioner? _____

What is your commitment to your future that this A.W.E. Program will help you fulfill?

Print Name

Date

Signature

2010 A.W.E. - Practitioner's Form

Melbourne, Australia

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Practice Member's Name _____

NSA Practitioner's Name _____ Length of time in care _____

Circle the highest most common Level of Care addressed: Level-1 **A B C** Level-2 **A B C** ADV Care **A B C**

List which findings you are certain of: R - L Dominant Occiput

Please list all applicable Spinal Gateway™ Contacts:

____ OCC/C1 ____	____ C1/C2 ____	____ C2/C3 ____	____ C3/C4 ____
____ C4/C5 ____	____ C5/C6 ____	____ C6/C7 ____	____ C7/T1 ____
____ T1/2 ____	S1 ____	S2 ____	S3 ____ S4 ____ S5 ____ CX ____

Unusual findings: _____

Are there any areas that need special care or restrictions with regard to care? _____

Are there Phases, or Levels of Care this practice member has, or has had difficulty progressing through? _____

Are there any Out of Phase Spinal Gateway™ regions? _____

WHERE

Passive system tension (vertebrae, ligaments, discs)	Low / Moderate / High _____
Active system tension (spinal muscles and tendons)	Low / Moderate / High _____
Control system (adverse mechanical cord tension)	Low / Moderate / High _____

Is SRI practiced regularly? Yes No

Does this practice member attend classes/sessions with an SRI wellness educator? Yes No

What Stages are generally achieved? _____

How would you grade this practice member's somatic and energetic awareness?

Minimal Moderate Excellent Outstanding

Are there any other somatic awareness comments about any part of the body or spine? _____

Are there any questions about any part of this practice member's spine, or care that you want Donny Epstein's opinions on? _____

Is there anything you want Donny Epstein to know about this practice member that you have not mentioned above? _____

Thank you.

NSA Practitioner's Signature

Date

(Print Member's Name)

A.W.E. AWAKENING WITH EPSTEIN - STATEMENT OF INTENT

I understand that this is an Energetic Educational Seminar, from which I may experience a greater connection with my inner wisdom. One particular spiritual path or model is not stressed as being more valid than others, and different models may be presented during separate programs.

I understand that the Awakening with Epstein program is not a means of diagnosing, treating or offering advise concerning any condition - physically, emotionally, mentally, psychologically, or spiritually. The care offered is to initiate and nurture new states of awareness and life and are focused on future changes, rather than remedying the past. Through care it is intended that I will find more sustainable and supportive inner meaning. I understand that the objective of the program is to enhance my resourcefulness as it relates to my somatic and spinal strategies, and the expression of the energetic fields within and around me and the wisdom and energy available to me.

I acknowledge that the care I will receive is not a licensed practice. This program, nor any facilitator during it, including Donny Epstein, as mentioned above, will not diagnose or treat any physical, emotional, mental or spiritual symptom or condition. Although the facilitators may hold other licenses or degrees, in this environment they are not functioning in such a capacity.

I understand and agree that the program will include physical contact between myself, Donny Epstein, other program facilitators and possibly other program participants. Any physical contact that I have with the before mentioned individuals, will be both voluntary and non-intrusive, and is for the non therapeutic and non palliative purpose of educating me in observation of my movement, energy sensation or breath and to create greater access to my organizing fields of consciousness and the actions for me to take consistent with this. My participation in this educational process and program constitutes my agreement to this physical contact.

During the processes designed specifically for this program, I may experience a varied selection of transformative and healing modalities. Any of these types of programs in and of themselves may awaken physical and emotional feelings, or memories. It is understood that sometimes healing during the transformational process feels wonderful, or ecstatic, and sometimes it does not feel comfortable at all.

I grant my practitioner permission to release information concerning my Network and SRI Care to Wise World Seminars Australasia Pty Ltd and Donny Epstein for the purpose of preparing for my attendance at the program.

In consideration of my participation in the program presented by Wise World Seminars Australasia Pty Ltd and its promoters, I hereby generally release Donny Epstein, Wise World Seminars Australasia Pty Ltd, their directors, agents, assistants, volunteers and employees from any liability whatsoever related to my participation in the program. I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release, and that I completely and fully understand the information on this form and agree to participate in AWAKENING WITH EPSTEIN with the intent described above.

I, _____ (print name), acknowledge and agree to the terms of this disclosure for my attendance at:

The A.W.E. Awakening with Epstein program - Date/Location: _____

Signature _____ Date _____

PHOTO RELEASE

I understand that portions of the program may be recorded through photo, video and/or audio and I agree to allow Wise World Seminars Australasia Pty Ltd, Donny and Jackie Epstein and their agents to use photos/video/audio taken of me for educational, commercial, marketing, and public relations purposes. Any and all of said reproductions are the exclusive property of Wise World Seminars Australasia Pty Ltd and Donny and Jackie Epstein. Wise World Seminars Australasia Pty Ltd and Donny and Jackie Epstein are the exclusive copyright owners in perpetuity. I shall have no claim, right or interest to any of these reproductions and my signature hereto grants permission to Wise World Seminars Australasia Pty Ltd to use any of said reproductions in any responsible manner, including but limited to: publications, advertisements, web sites, and/or commercial products.

In signing this release, I, _____, understand the intent as well as the terms of this release.

Signature _____ Date _____

Wise World Seminars Australasia - Phone: + (61) 7 5535 3330 Email: info@wiseworldseminarsau.com

Return by Fax to: + (61) 7 3319 6072