

**The Systemic Constellations Group, LLC**  
**FAMILY CONSTELLATIONS WORKSHOP**  
Registration and Release Form

**This demonstration** workshop is designed as an educational experience, not as a substitute for professional/medical consultation or therapy.

**I understand** that this workshop may bring up issues of a personal nature that may invoke physical and/or emotional responses.

**I confirm** that I do not currently suffer from any emotional or medical condition that might make it inadvisable for me to attend this workshop.

**I agree** to respect the confidentiality of any disclosure made within the course of this workshop.

**I will not discuss** any details about someone else's work outside the meeting space.

**By signing** this document below, I willingly agree to hold harmless and release from all liability the organizers, facilitators, and participants in this workshop.

Powerful healing is possible for every participant: as a client, a representative, or an observer. However, I understand that not all who attend the workshop will have the chance to set up their own constellation.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**COMPLETE ALL SPACES IN THE FORM BELOW**

\_\_\_\_\_ Enclosed is my check for \$125 payable to The Constellations Group.

The date of the workshop I plan to attend is \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

I learned about this workshop by/from \_\_\_\_\_

Mail completed form and check to: The Constellations Group, 4000 Cathedral Avenue NW #250B, Washington DC 20016. Call (202) 253-1954 or (202) 257-8300 for more info.