

# Through the Threshold

Session Date: \_\_\_\_\_

## PLEASE COMPLETE AND MAIL WITH PAYMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Do you need a ride? \_\_\_yes \_\_\_no                      Can you offer a ride? \_\_\_yes \_\_\_no

Do you have any health issues or disabilities that require special attention? \_\_\_yes \_\_\_no

Explain:

Do you have a special diet?\* \_\_\_yes \_\_\_no

Explain:

\*Although no special meals will be prepared, the eating habits of all participants will be considered in planning meals.

Mail this form and check    GMMC  
made payable to:            1213 N Cherokee Ave  
                                         Los Angeles, CA 90038  
Fee: \$100.00

### RELEASE OF LIABILITY

I hereby release and discharge The Gay Men's Medicine Circle and any of its members from any and all liability claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in this workshop. I further agree that I will not sue or make a claim against The Gay Men's Medicine Circle or its members for damages or losses sustained as a result of my participation in this workshop. I assume all the risks encountered due to any acts of nature or any illness occurring in my workshop.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date