



# Beginning with Herbs



## Monthly lecture series

### Registration form & Waiver 2011

6.30 pm – 9 pm \$35 per class plus HST

To register for the 2011 Herbal Medicine Weekend Workshops please print out and complete the Registration form below and the Waiver of liability and return them to us with your non-refundable deposit and your postdated cheque.

#### Directions to [Innisfree Farm](#)

3636 Trent Road,

5 kms south of Courtenay

Coming from the South of Vancouver Island on Highway 19 (Inland Island Highway) you can take one of two ways:

Take the Buckley Bay Exit, and turn left on Highway 19A towards Courtenay. After 18 Km or so turn left at the traffic light onto Royston Road towards Cumberland. Pass the railway line. Trent Road is the second on the left and 3636 is the last house on the left before you come to the woods.

Alternatively you can stay on Highway 19 all the way to Courtenay, take Exit 117 and the Connector road. After one Km or so, take the first exit on the right on Minto Road. After 4 Km you come to a T intersection with Royston Road. Turn left, Trent Road is the first turn on the right, 3636 is the last house on the left.

**Please enclose your non refundable deposit of \$10 per workshop**

**Print the registration form and the Waiver of liability, and return them completed with your cheques made out to Chanchal Cabrera:**

**Innisfree Farm, 3636 Trent Road, Courtenay BC, V9N 9R4**

Registration Form

Workshops you are applying to:

February 16<sup>th</sup>

\* **Staying Healthy in the Winter**

March 16<sup>th</sup>

\* **Herbal health for women**

April 20<sup>th</sup>

\* **Grow Your Own Pharmacy**

About yourself (All information kept confidential)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have medical conditions or allergies that may cause you problems while on the farm ? (i.e. bee stings, asthma, diabetes, etc)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical disabilities that we should know about? \_\_\_\_\_

\_\_\_\_\_

**And finally, how did you hear about this course ?**

\_\_\_\_\_ Poster    \_\_\_\_\_ Email list    \_\_\_\_\_ Word of mouth /friend    \_\_\_\_\_ Other  
\_\_\_\_\_ Common Ground    \_\_\_\_\_ Herbal Collective

**Waiver of Liability**

I \_\_\_\_\_ (please print your name) understand and agree that, after completion of this Herbal Medicine class, I will not be licensed or qualified to practice as a herbalist nor to diagnose, or treat any medical condition.

I undertake to use all information provided to me during the Herbal Medicine classes solely for my own benefit. Any adverse consequences obtained by myself or others resulting from the use of information provided to me during the Herbal Medicine classes shall be solely my own responsibility and I shall not hold liable any of the instructors of the program in any way.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your name (printed please)

\_\_\_\_\_  
Date