



Exploring the Shadow with Debbie Ford

#4805-400 September 21-26, 2008

Program Application

Please complete this application fully. All information will remain confidential and will be used by Institute staff to determine eligibility for the program. Please complete and return this application in order to be considered for acceptance into the program. Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone Numbers - Home: _____ Mobile _____

Work: _____ Please circle your preferred contact number.

E-mail address: _____

Occupation: _____

Date of Birth: ____/____/____ Citizenship _____

I have read the following books by Debbie Ford:

- | | |
|--|---|
| <input type="checkbox"/> <i>"The Dark Side of the Light Chasers"</i> | <input type="checkbox"/> <i>"Spiritual Divorce"</i> |
| <input type="checkbox"/> <i>"The Secret of the Shadow"</i> | <input type="checkbox"/> <i>"The Right Questions"</i> |
| <input type="checkbox"/> <i>"The Best Year Of Your Life"</i> | <input type="checkbox"/> <i>"Why Good People Do Bad Things"</i> |

What other Debbie Ford Trainings or Courses have you completed?

- | | | |
|--|----------------|---------------|
| <input type="checkbox"/> Shadow Process Workshop | Location _____ | Date _____ |
| <input type="checkbox"/> Essentials One / BreakThrough | | Date _____ |
| <input type="checkbox"/> Essentials Coaching Training | | Date _____ |
| <input type="checkbox"/> Blueprint Coaching Training | | Date _____ |
| <input type="checkbox"/> Evolution into Mastery | | Date _____ |
| <input type="checkbox"/> One-Day Workshop(s) | Title(s) _____ | Date(s) _____ |
| <input type="checkbox"/> Teleclass(es) | Title(s) _____ | Date(s) _____ |
| <input type="checkbox"/> Lecture(s) | Title(s) _____ | Date(s) _____ |
| <input type="checkbox"/> Other | _____ | |



Personal Background

1. What is your vision for yourself in this course? (*What results do you want to create?*) _____

2. Do you hold any beliefs that could get in your way and sabotage your ability to be an effective in this course? _____

3. Do you have any physical or emotional conditions that might have a bearing on your ability to participate in this training? If so, please explain? _____

4. What other trainings or life experiences have you had that might contribute to your participation and effectiveness in this course? _____

5. Are you currently under the care of a physician, psychologist or psychiatrist? If so, please explain and list any medications you are currently taking. _____



6. What support structures are currently in place in your life? _____

7. Please list what you perceive as your top three goals for the next year for yourself personally.

- 1) _____
- 2) _____
- 3) _____

8. Please tell us anything else that may be important for the staff to know about you.

9. Is there anything else that you need to express or ask in order to feel complete with this application? _____

(Please use a separate sheet to answer any of the above questions if needed)

Who should we contact in case of an emergency? _____

Relationship: _____

Contact Information: _____



Program Agreement

My decision to participate in this program is a personal decision. No one has made any promises or warranties as to the results or benefits I will receive or as to any specific results I will realize from my participation in this course. I am committed to participating fully in each course for which I register and to fulfilling the course requirements.. I understand that this includes attending all class sessions, completing all homework assignments, and supporting my fellow students as requested. I understand that this training is not therapy or psychological counseling and is not a substitute for the treatments or services ordinarily provided by health care professionals for physiological or psychological complaints. If I desire therapy or psychological counselling, I will seek it from a licensed provider. I am well, physically and emotionally, and commit to being responsible for my own well-being during the course of this program. I understand that the training and techniques in this program are being taught for my personal benefit only and may not be appropriate for others. **I affirm that I have answered all questions on the Shadow Study with Debbie Ford Application. I assume all risks associated with participating in this program and release the course instructors, workshop leaders, course producers and The Ford Institute for Integrative Coaching, its owners, affiliates, all liabilities, claims, actions, losses, causes of action, and costs in any way arising out of my participation in the program. I release the course instructors, workshop leader, course producers, and The Ford Institute for Integrative coaching from any liability for injuries due to their negligence occurring now or in the future, during or after my application in this program. I understand my application for this program must be accepted before I am confirmed to register.**

I understand that refunds for these courses are subject to Omega Institute add/drop policy.

I understand that I am responsible for notifying the instructor if I choose to drop any course or leave any intensive without completing them. I also understand that the workshop and anything I share may be recorded for training purposes. I understand that all written communications pertaining to my participation in this course may be shared among faculty and staff members (including volunteer staff and mentors) for training and evaluation purposes. I further understand that should I choose to leave the course at any time after acceptance into the program, I will have the following consequences:

I have read and understand this agreement fully and intend to be legally bound by it. My signature below constitutes my acceptance of the conditions expressed in this agreement.

PRINT NAME _____

SIGNATURE _____ DATE _____



Program Disclosures and Disclaimers

As part of the personal development process, Debbie Ford's *Exploring the Shadow* program is designed to reveal many of the beliefs, patterns, and habits that have prevented individuals from realizing their goals. At times this may cause students to experience emotional discomfort, personal distress, and significant changes in their existing roles and relationships.

During the workshop, you will be asked to participate in a variety of small group and individual exercises to help you reclaim your power and creativity from the past events and circumstances. Some of these exercises may involve the expression of feelings, judgments and beliefs by you and others, and could be perceived as confrontational, offensive, challenging or stressful.

Additionally, some exercises may include movement or other physical activities. If you believe that you might require reasonable accommodations due to a physical, mental or emotional disability, we strongly encourage you to contact us and discuss it with us further.

Please sign below to indicate that you understand and agree to the above disclosures

Signature: _____ Date: _____

Print Name: _____

Please fax this application to the following number within two weeks of receipt:

619-923-2889

Or scan and e-mail it to:

registrar@debbieford.com