

# I AM LIVING ONENESS – Core Activation Group

## GUIDELINES, INTAKE FORM, and DISCLAIMER

Thank you for your interest in the I AM LIVING ONENESS Group! This has the potential to be one of the most profound transformational experiences of your life. We know that it will be enlightening for us and we invite you to share the journey into living oneness and loving life!

For the purposes of creating a safe and sacred space that allows group members to do deep, transformational work, and so that all in attendance can get exactly what they need and at the perfect time, please fill in this form (can type right onto this page), print, sign, and then mail to Healing Waters & Sacred Spaces, 2426 NE Broadway, Portland, Oregon 97232, marked “Personal and Confidential for Dave a/o Anakha”

Name (Last, First): \_\_\_\_\_

D.O.B: \_\_\_\_\_

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

Primary email: \_\_\_\_\_

Secondary email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Referred by: \_\_\_\_\_

Anything you’d like us to be aware of (needs, wants, concerns):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you use (yes/no; elaborate):

Tobacco: \_\_\_\_\_

Alcohol: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Do you (yes/no; elaborate):

Exercise: \_\_\_\_\_

Meditate: \_\_\_\_\_

What is your intention a/o heart’s desire for your participation in the I AM LIVING ONENESS GROUP?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL GUIDELINES:

- Confidentiality. Please speak to, not about, other members in the group. When speaking with others about your experience external of the group, talk about your own experience solely, without revealing anyone's identity or talking about another's process. Transparency is necessary to explore relationship dynamics and potential transference.
- 3- month commitment to participate in the group. Throughout this period you will be able to evaluate how this group is working for you. We encourage you to voice any ambivalence so that we can examine if the group is not right for you or if it has to do with a fear of being seen and being involved. Dave and Anakha reserve the right to refuse admittance, suspend, or cancel your participation at any time if they deem your words or actions as a hindrance to the group's safety.
- If you cannot attend a session, call Healing Waters & Sacred Spaces at 503.528.1430 and advise as soon as you know this.
- Should something occur in group that affects you deeply and you don't want to wait a week for the next group, or it doesn't feel safe to bring it up in group, we are available for private sessions, but we recommend you bring it up in group to take advantage of the growth opportunity.
- Pay \$40 full price for every session including the ones you miss. You can miss 1 group session per every 3 months without payment. The 3-month period starts January 10, 2011 and ends March 28, 2011. Weekly sessions include the once-a-month Healing Circle, which is open to non-Oneness Group members and currently scaled to a \$25 suggested donation. Please arrive at/near 6:50pm and pay Healing Waters before each session; cash/check preferred, credit cards accepted, and be ready to begin at 7 pm. Baring emergency, Dave and Anakha will usually give at least 4 weeks notice when one of them has to miss a session. Group will continue as long as one of us is there.
- If you need to take a break from group, we ask that you come in 2 more times after you announce it and give a specific date when you intend to return. We may not support your decision to take a break if we perceive this to be at the cost of your progress or your ability to make and keep commitments. Please be aware that the group is limited to 12 people and that your spot cannot be guaranteed unless you pay for the missed sessions.
- If you decide to leave, make the announcement in the group and come in 2 more times to say your goodbyes and to give group members the same opportunity. Members have a need for closure knowing they won't see you again in this setting.

## DISCLAIMER:

I, the undersigned, am aware that neither Dave Markowitz nor Anakha Coman are licensed physicians in the state of Oregon. I agree to not hold Dave Markowitz, Anakha Coman or Joan D'Arcy or any employees, independent contractors, volunteers, etc. thereof liable for any situations that may occur. I certify that if I am seeing a licensed physician or am on medications, using alcohol, etc. during the course of Group, I will advise Dave Markowitz and Anakha Coman.

By signing/initialing below, you acknowledge your answers to the above questionnaire are true, and that you have read and fully understand the Guidelines and Disclaimer.

Signature: \_\_\_\_\_

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

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