

ALIGNING WITH SOURCE:

A Provocative 13-Week Course Designed to Co-Create Your Passion, Purpose, and Presence

Thank you for your interest in the **ALIGNING WITH SOURCE** Group! This has the potential to be one of the most profound transformational experiences of your life. Below you will find guidelines, the intake form, and disclaimer. Please print and sign and mail to Healing Waters & Sacred Spaces, 2426 NE Broadway, Portland, Oregon 97232. Mark the envelope as "Personal and Confidential for Dave" by October 7.

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 reserves 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, advise as soon as you know. If last minute, call Dave at 503.299.4788.
- 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 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 September 19, 2011 and ends December 12, 2011. Weekly sessions are \$40, and include a once-a-month Intention Circle, which is open to non-group members and currently scaled to \$25. Please arrive at/near 6:50pm and pay Healing Waters before each session; cash/check preferred, credit cards are not accepted, and be ready to begin at 7 pm. Baring unforeseen circumstance, Dave will usually give at least 2 weeks notice when he has to miss a session.
- If you need to take a break or leave the group, we ask that you come in 1 more time after you announce it and give a specific date when/if you intend to return. If necessary, 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. We may not support your decision 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.

INTAKE FORM:

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, powerful outcome and/or heart's desire for your participation in the
ALIGNING WITH SOURCE GROUP?

DISCLAIMER:

I, the undersigned, am aware that Dave Markowitz is not a licensed physician in the state of Oregon. I agree to not hold Dave Markowitz, or Joan D'Arcy / Healing Waters & Sacred Spaces 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, abusing drugs or alcohol, etc. during the course of Group, I will advise Dave Markowitz.

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

Signature: _____

Print Name: _____

Date: _____