

******* EFFECTIVE DATE: 03/01/2025 *******

Clients will receive a signed copy of this agreement.

Workshop & Group Session Pre-Registration Form

Participant Information:

Full Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Phone: _____

Session Selection:

(Please check the session(s) you wish to register for)

☐ Workshop - Topic: _____ Date: _____

☐ Group Session - Topic: _____ Date: _____

Payment Information:

(Workshops: \$120 per session | Group Sessions: \$30 per session)

☐ I will pay in full before the session date.

Consent & Agreement:

By signing below, I acknowledge that:

I have read and understand the confidentiality policy.

I understand that refunds are only available with a 48-hour notice before the session.

I voluntarily participate in these holistic wellness sessions.

Participant Signature: _____

Date: _____

Office Use Only:

☐ Payment Received

☐ Registration Confirmed

For questions, please contact Akinas Garden Healing at 1-(225)-407-0625.