

Growing Medicinal Herbs:

from seed to market

April-August 2019

REGISTRATION FORM

Name _____ Birthdate _____

Mailing Address _____

Location (for carpool) _____

Telephone _____ Email _____

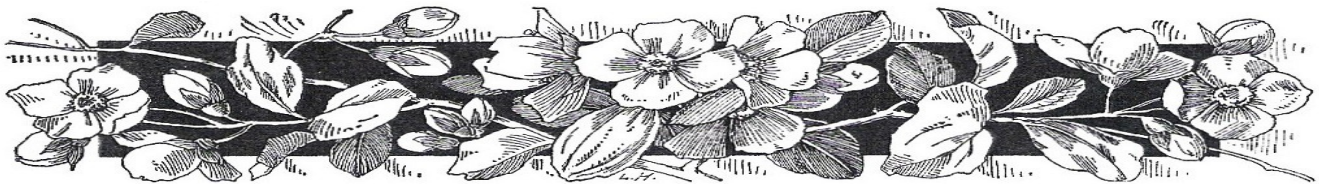
Please write a few paragraphs about yourself that include the following information and send it with this form:

- herbal and/or farming education
- any allergies (foods, pollen, bees, etc?)
- any physical challenges? If so, please let us know how we can best accommodate.
- any personal information you would like to include about family, livelihood, personal interests, etc.

Please check one:

- Enclosed is my full payment of \$425-\$500 (sliding scale) in Check or Money Order, payable to "Donna d'Terra", for the 2019 Growing Medicinal Herbs Course.
- Enclosed is a deposit of \$150, in Check or Money Order payable, to "Donna d'Terra", to reserve my space in the 2019 Growing Medicinal Herbs Course. I agree to pay the balance with a \$70 payment at each class meeting.

Note: a \$25 discount on the full cost of the class is offered to Mendocino County Herb Guild Members.



Release and Waiver Agreement

The roads to and on Motherland are dirt roads, steep and narrow in places, and should be driven **slowly** and carefully. Some hiking paths are steep and narrow and there is a swimming pond with out a lifeguard on duty.

I acknowledge the above circumstances and potential dangers. I attend this course at my own risk, and agree to all the commitments on this form. I hereby release the owners of Motherland the owners of the property I pass through to reach Motherland, from any present or future liability.

Signed _____ Date _____

Motherland **Mail to:** Willits, CA 95490
PO BOX 382