

Operation: Veteran Freedom

Thank you for your interest in the Operation: Veteran Freedom Workshop.

To register, please fill out this form completely and return it to Rod Wittmier (rod.wittmier@na2evs.org).

Name (Last) _____ First _____ Middle _____

Home Address (Street/P.O. Box) _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____ Age _____ Date of Birth _____

Marital Status: Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Domestic Partner ___

Branch of Military Service: Army ___ Air Force ___ Marines ___ Navy ___ Coast Guard ___ Nat. Guard / Reserve ___

Military Status: Active Duty ___ Reserves ___ Non Active ___ Retired ___ or Family Member Of ___

Were You In: Combat / War ___ Military Operations ___ High Stress / Trauma ___

What is one area of your life you would like to work on and/or one thing you would like to accomplish out of attending this workshop?

NOTICE OF IMPORTANT INFORMATION AND HEALTH WARNINGS

We take our responsibility and your safety seriously. Please read each section of this Notice carefully and completely so you can make the right decision for yourself.

You and you alone are responsible for your choice to participate in the Workshop and you and you alone are responsible for your own health and well-being at all times prior to, during and after your participation in the Workshop.

We advise you that the Workshop Leader and others who are assisting are NOT mental health professionals and there will NOT be a Mental Health Professional in attendance.

In this Workshop you may have conversations of your Military service in depth. You might talk about what happened to you and / or others. If you are unwilling to experience the emotions, feelings, body sensations and thoughts that may come up in these discussions, you should discuss this with us prior to the workshop.

If you have attempted suicide in the past 12 months, currently experiencing severe depression or are taking any Psychotropic drugs (those that affect the mind, emotions or behavior) you should consider talking to your mental health professional before attending this workshop.

If you choose to be in the Workshop and during any of the sessions, or during the breaks you experience symptoms of distress or mental distress, you must immediately inform the Workshop Leader or one of the people assisting. In such an event, you and the Workshop Leader will discuss the matter and you will determine what is the appropriate thing for you to do. If you experience any symptoms or suggestions of mental distress outside the Workshop, we strongly recommend you immediately inform a physician or mental health professional.

CONFIDENTIALITY AGREEMENT

In order to promote and respect the confidentiality of the other participants and the intellectual property used in this Workshop, please read and agree to the following:

- a. I will not publish, broadcast or disclose or assist another person or organization in publishing, broadcasting or disclosing the identity of the other participants in the Workshop or what they said, and
- b. I will not take pictures of or make a recording of any of the sessions or participants without the consent of the participant and the Workshop Leader.

PROPRIETARY MATERIALS AGREEMENT

I acknowledge that some of the materials presented in this program, either orally or in writing, constitute commercially valuable, proprietary, intellectual property of Landmark Worldwide LLC, the purchase, creation, design and development of which required the investment of substantial effort, time and money. I understand that those materials are the property of Landmark Worldwide LLC and are protected by copyright, trade secrets and other applicable laws, including the laws that govern this Agreement, and all rights in those Materials are expressly reserved by Landmark Worldwide LLC.

Without Landmark Worldwide LLC's prior written permission, I agree (a) not to reproduce, copy or otherwise duplicate, and not to distribute, lend, or otherwise transfer in any form, the Materials; (b) not to use the Materials in any way that would compromise the confidential nature and Landmark Worldwide LLC's proprietary rights in the Materials; (c) not to sell any form of the Materials, or sell any product or service that is based on or even derived from the Materials; and (d) not to assist another to do any of the above.

INFORMED CONSENT

I have carefully read and I agree to comply with the Notice of Important Information and Health Warnings and understand the recommendations and instructions. I also agree to comply with the Confidentiality Agreement and Proprietary Materials Agreement.

I acknowledge and understand that the Workshop was designed for people who clearly understand they are responsible for their health and well-being before, during and after the Workshop and who wish to enhance their living skills. I understand that the Workshop Leader and people who assist are not mental health professionals and there will be no other mental health professionals present during the Workshop.

Printed Name _____

Signature _____ Date _____