

## Program Agreement and Consent Form

### Women's Health & Hormones

18 May -20 May, 2019 in Vermont, USA

#### Program Terms of Agreement and Consent:

1. I understand that Dr. Claudia Welch, and all support staff associated with Dr. Welch (hereafter referred to simply as Program Team) are involved in instructing or supporting me in my understanding of Āyurveda.
2. The nature of this program is purely educational and is, under no circumstances, meant to diagnose or treat a medical condition for me, or for any individuals that may be discussed.
3. I fully understand that this program will be video and audio recorded for online educational purposes. To support the quality and flow of the recordings, questions will be allowed only during designated question and answer (Q & A) times of the program.
4. I understand and authorize that my voice will be recorded during lecture sessions while asking questions or providing comments, unless the Program Team specifically states that the recording devices are turned off.
5. Furthermore, I authorize the use of the recording of my voice and its likeness for educational purposes by Dr. Claudia Welch and her staff or the Program Team, without remuneration or notification of its use. I understand that any audio reference to or usage of my surname will be deleted from the recordings.
6. There is no personal recording of this program allowed.
7. I have read, understand, and I agree to the terms and conditions stated above. I hereby waive, release and discharge the Program Team from all actions, claims or demands that I, my heirs, guardians, legal representatives or assigns, have or may hereafter have, for injury or damages resulting from negligence or other acts, howsoever caused in connection with my education with the Program Team.

**Participant's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name Clearly:**

\_\_\_\_\_

**Participant's contact information (in case we need to get in touch with you):**

**Mailing address:** \_\_\_\_\_

**email:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

**Would you like us to add you to our mailing lists at [DrClaudiaWelch.com](http://DrClaudiaWelch.com) and The Ayurveda Center of Vermont so you can stay informed of updates and information on the course and when it goes online?** Yes No *(we do not share your email address with anyone else).*