

Appalachian Herb Class Application 2010

This information is strictly confidential and will be seen only by BotanoLogos staff.

Name: _____

Address: _____ State/Province _____

Postal/Zip _____ Country _____ E-Mail _____

Telephone (Day) _____ (Evening) _____

Occupation _____ Height _____ Weight _____ Age _____

How did you hear about our Program?

How do you plan to use the information you'll gain in this Program?

Have you studied herbalism before? Please describe your studies, both formal and informal.

Have you studied any aspect of botany before? Please describe your training or life experience

Do you have any formal medical training or license (nurse, doctor, veterinarian, licensed acupuncturist, pharmacist, etc.)? Please describe your medical training and practice.

Do you know how to make herbal medicines? Please indicate the preparations (if any) that you have made before (successfully or unsuccessfully).

<input type="checkbox"/> Decoction	<input type="checkbox"/> Tincture (any method)
<input type="checkbox"/> Poultice	<input type="checkbox"/> Infusion
<input type="checkbox"/> Infused herbal oil	<input type="checkbox"/> Compress
<input type="checkbox"/> Salve	

Our programs attract students from very diverse backgrounds. Are you comfortable spending time in an environment of mutual respect with people who may have cultural, spiritual and political values radically different from yours?

Do you exercise regularly? Please describe your daily/weekly exercise routine.

Initial _____

If you were to walk more than two miles on uneven ground at a moderate pace, would you experience any of the following symptoms? Please check any that apply.

Difficulty breathing Chest pain Muscle fatigue or pain Back pain Knee pain
 Ankle pain Leg pain

Please answer the following questions and include specific details where requested.

Have you ever been diagnosed with any of these conditions?	Yes	No
Heart attack (coronary thrombosis, myocardial infarction, etc.)		
High blood pressure		
Heart disease		
Seizure of any kind. Please specify:		
Hemophilia		
Diabetes		
Lung disease		
Disabilities or chronic problems with hips, knees or ankles Please specify:		
Back pain		
Contact lenses		
Anaphylactic shock or any type of allergic reactions to insect bites/stings		
Allergies to environmental substances, hay fever, food sensitivities, drugs. Please specify:		
Do you wear a Medic-Alert Tag. Please specify:		
Are you taking any prescribed medications at the present time?		

Do you have any other health conditions or concerns we should know about? Please describe.

Would your doctor or primary health care provider approve of your participation in activities that involve hiking with a day pack for several miles at a time? Yes No

In Case of Emergency

Please provide the contact information of two people who agree to act on your behalf in case of illness or emergency:

1. Name: _____ Relationship with you: _____

Telephone: (Day) _____ (Night) _____

2. Name: _____ Relationship with you: _____

Telephone: (Day) _____ (Night) _____

Initial _____

I am physically fit and able to walk two to five miles at a time at an average pace on uneven or unpaved paths in all types of weather as required for participation in the class known as Appalachian Herbs Series. I know of no reason that would limit my ability to participate in class activities. If requested I would be willing to provide a doctor's statement approving of my participation in this class.

Further, I understand that BotanoLogos, Inc. and the class instructors are under no obligation to accommodate my inability to participate in scheduled class activities, and that BotanoLogos, Inc. is not responsible with providing me with alternate activities, transportation or other special treatment.

Please initial all pages of this application.

By signing this, I certify that everything here is true and accurate.

Name (please print) _____

Signature _____

Date _____

___ I have enclosed \$100.00 as a deposit towards the program tuition and will pay the balance at the first class. I have read the Refunds and Cancellation Policy.

___ I have enclosed \$100.00 as a deposit towards the program tuition and am interested in financing the tuition balance. Please send me details. I have read the Refunds and Cancellation Policy.

___ I have enclosed \$950.00 (before April 15, 2010). I have read the Refunds and Cancellation Policy.

___ I have enclosed \$1000.00 (after April 15, 2010). I have read the Refunds and Cancellation Policy.

Please mail completed application and payment (made payable to BotanoLogos) to:

BotanoLogos School for Herbal Studies
PO Box W
Mountain City, GA 30562

BOTANOLOGOS REFUNDS AND CANCELATION POLICY for Appalachian Herbs Series 2010

Refunds:

Thirty days before first class: Full refund, less \$100.00 deposit, available upon receipt of written request, by post or e-mail.

Less than 30 days before class: Tuition credit, less \$100.00 deposit, is available upon receipt of written request (post or e-mail). Tuition credit for the amount paid can be applied to future BotanoLogos programs (if space is available) and are good for 6 months after the date issued.

Five days before the first class, (or after the first class in a series): No refunds of any kind will be given.

Cancellations: In case of severe weather in the mountains or other emergencies, it may be necessary to cancel a class and reschedule for a later date. If a class is cancelled, we will contact you at the telephone number you have provided on your registration form by 5:00 PM on the day before the class. If storms or other severe weather are forecast, please call our voicemail (706-746-5485) after 5:00 PM the day before class to confirm that class will be held. We will do our best to reschedule any cancelled classes at a time that is convenient for all enrolled students. However, we reserve the right to make the final choice of dates for all rescheduled classes. In the event that a student cannot attend a rescheduled class, no refunds will be given. Upon request, we will issue a tuition credit to be applied to a future BotanoLogos program. Program credits are good for six months after the date issued.

(Updated 1/21/10)