
“Woman’s Health: the Maiden, the Mother, the Sage”

with Tieraona Low Dog, MD

July 19-20, 2019 in Pecos, NM

Topics:

- *The Maiden*
 - *The Mother*
 - *The Wisdom of Transition*
 - *The Sage*
 - *Herb Walks*
 - *Closing Circle*
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Cost: \$500

(Includes: all classes, lunches and snacks)



This Women’s Herbal Retreat will be an intimate gathering for women - coming together to share in the celebration and mystery of wise women green traditions. I am delighted to be holding this summer herbal intensive under the ancient Ponderosa Pine and Douglas Fir at the Medicine Lodge Ranch in the Santa Fe National Forest.



Conference Schedule

Friday, July 19th

- 7:45 AM Meet at the Church in Pecos, drive to Medicine Lodge Ranch
- 8:30-9:30 AM **Opening Circle**
- 9:30-10:00 AM Tea, coffee and light refreshments
- 10:00-12:30 PM ***The Maiden:***
Coming of age rituals; herbs for healthy menstruation, and natural approaches for menstrual cramps, PMS, heavy menses, and more.
- 12:30-1:30 PM Noon Feast
- 1:30-3:00 PM **Plant Walk**
- 3:00-4:15 PM ***The Mother:***
Herbs and fertility, pregnancy, and breastfeeding; health in our 20s, 30s, and 40s; nourishment and nourishing self and others.
- 4:15-4:30 PM Tea, coffee and light refreshments
- 4:30-6:00 PM ***The Mother (continued)***
- 6:00-7:30 PM ***Herbal Happy Hour!***

Saturday, July 20th

- 8:15 AM Meet at the Church in Pecos, drive to Medicine Lodge Ranch
- 9:00-10:30 AM ***The Wisdom of Transition:***
Transitioning through menopause, hormones, herbs, sexuality; ritual during our mid-years.
- 10:30-11:00 AM Tea, coffee and light refreshments
- 11:00-12:30 PM ***The Wisdom of Transition (continued)***
- 12:30-1:30 PM *Noon Feast*
- 1:30-2:30 PM **Medicine Lodge Ranch Herb Garden**
- 2:30-3:45 PM ***The Sage:***
Our elder years, healthy hearts, breasts, bones and minds; wise woman, the power of letting go.
- 3:45-4:00 PM *Tea and light refreshments*
- 4:00-5:00 PM ***The Sage (continued)***
- 5:00-5:30 PM ***Closing Circle***

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Attn: Jim Carnazzo
P.O. Box 709
Pecos, NM 87552
Email: jcarnazzo@drldog.com
PH: (505)757-2147 / Fax: (505)757-2113

- Registration Form -

Name: _____

Street: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Course Fee: \$500.00*
(Includes: all classes, lunches and snacks)

Pay by:

- Check (enclosed)
- Online: www.MedicineLodgeRanch.com/pages/herbal-intensives

Registrations can be Mailed
-or-
Emailed to: drldog@drldog.com

Class is Limited, so Register Now!

*No Refunds after June 1, 2019

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT (“Women’s Health: The Maiden, The Mother, The Sage” with Tieraona Low Dog, MD on July 19-20, 2019 in Pecos, NM). I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

1. In consideration of allowing me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
 - (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Tieraona Low Dog, MD and her directors, officers, employees, volunteers, representatives, and agents.
 - (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.
2. I acknowledge that Tieraona Low Dog, MD and her directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.
3. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
4. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I AM OVER THE AGE OF 18, AND I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Signature

Date

Participant’s Name