

“Mental Health, Naturally”

August 7-8, 2020

In today’s fast-paced world, there is no question that people are feeling the impact of chronic stress. This can manifest in many ways: poor sleep, low energy, muscle tension, anxiety, GI troubles, carb cravings, impaired immunity, low libido, inability to focus, depressed mood, and more. The weekend starts by examining the biology of stress, which opens the door to a deeper understanding of how to lessen its negative impact in our lives. Through the strategic use of herbs, supplements, food and mind-body practices, you will learn how to support cognition, focus, and restorative sleep.

During this in-depth two day course you’ll experience forest bathing to handcrafting formulas that support immune, digestive, and emotional well-being - this immersive experience will show how the natural world can open us to a richer, fuller life.

I am thrilled to be teaching “Mental Health, Naturally” this summer at our Medicine Lodge Ranch (outside of Santa Fe, NM). The food is great, the setting breathtaking, and the knowledge you gain nothing short of expansive. We hope you will come and join us!



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Friday, August 7th

- 8:30 AM Meet at the Pecos Gathering Place (map available on [here](#))
- 9:00-9:30 **Welcome and Introductions**
- 9:30-12:30 **TBD**
- 12:30-1:30 **Noon Feast**
- 1:30-4:00 **TBD**
- 4:00-5:00 **Q and A / Wrap Up for the Day**
- 5:30-7:00 **Herbal Happy Hour and Hors D’oeuvres at Medicine Lodge Ranch**

Saturday, August 8th

- 8:30 AM Meet at the Pecos Gathering Place
- 9:30-12:30 **TBD**
- 12:30-1:30 **Noon Feast**
- 1:30-4:00 **TBD**
- 4:00-4:30 **Clean Up and Light Refreshments**
- 4:30-5:15 **Wrap Up and Class Photo**
Question and answer time. Closing circle.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT (“Mental Health, Naturally” with Tieraona Low Dog, MD on August 7-8, 2020 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