

“Herbal First Aid”

with Tieraona Low Dog, MD

August 9-10, 2019

I am delighted to be teaching “Herbal First Aid ” as one of my summer intensives at our Medicine Lodge Ranch (outside of Santa Fe, NM). A beautiful location in the Pecos Wilderness with many naturally growing medicinal herbs and our large herbal garden.

During this in-depth two day course, you will make your own herbal medicine first aid kit and learn how and when to use them safely for you and your family. You will learn how to appropriately care for colds, coughs, sore throats, cold sores, ear infections, nausea, diarrhea, heartburn, digestive upset, wounds, burns, bug bites, sprains, muscle cramps, back pain, headaches, bladder infections, insomnia, and more at home using low-cost, safe, natural and sustainable remedies.

The food is great, the setting breathtaking, and the knowledge you gain expansive. We hope you will come and join us!



“Herbal First Aid”

Agenda

Friday, August 9th

- 8:30 AM Meet at the Pecos Gathering Place (map available on DrLowDog.com)
- 9:00-9:30 **Opening Circle** at Medicine Lodge
- 9:30-10:45 AM **The Day’s Harvest**
Identifying, gathering and preparing herbs for the day
- 10:45-11:00 **Break: Tea, coffee and light refreshments**
- 11:00-1:00 **Common Respiratory and Ear, Nose & Throat Problems**
Discuss and make herbal preparations for colds, coughs, sore throats, cold sores, and ear infections
- 1:00-2:00 **Noon Feast**
- 2:00-4:00 **Common Digestive Complaints**
Discuss and make herbal preparations for nausea, diarrhea, heartburn, gas/bloating, and rehydration
- 4:00-4:15 **Break: Tea, coffee and light refreshments**
- 4:15-5:30 **Managing Minor Infections**
Discuss natural anti-viral, anti-bacterial and anti-fungals remedies
- 5:30-7:00 **Herbal Happy Hour and Hors D’oeuvres at the Main Lodge**

Saturday, August 10th

- 8:30 AM Meet at Pecos Meeting Place
- 9:00-10:30 AM **The Day’s Harvest**
Identifying, gathering and preparing herbs for the day
- 10:30-10:45 **Break: Tea, coffee and light refreshments**
- 10:45-12:45 **The Skin and Musculoskeletal Systems, and Pain**
Discuss and make herbal preparations for wounds, burns, bug bites, rashes, sprains, bruises, back pain, muscle cramps, headaches
- 12:45-1:30 **Noon Feast**
- 1:30-2:00 **Herb Walk**
- 2:00-3:30 **The Skin and Musculoskeletal Systems, and Pain (Conclusion)**
- 3:30-3:45 **Break: Tea, coffee and light refreshments**
- 3:45-5:45 **Practical Applications and Wrap Up Discussion**
- 5:45-6:00 **Closing Circle**

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

- Registration Form -

Name: _____

Street: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

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

Pay by:

Check (enclosed)

Credit Card using PayPal: ([available on DrLowDog.com](http://DrLowDog.com))

If you would like us to help you pay with your credit card using our website Payment option with PayPal, please call Jim at our office.

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

Class is Limited, so Register Now!

*No Refunds after June 1, 2019, though you can apply a credit to future classes.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT ("Herbal First Aid" with Tieraona Low Dog, MD on Aug 9-10, 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