

**Congratulations on having registered in The Landmark Forum.** The Landmark Forum is an enquiry into one's relationship to life—to one's self, family, teachers, school and peers. The Landmark Forum is designed as an opportunity for people to be more powerful, freely expressed and effective in dealing with life.

- The Landmark Forum for Young People
- The Landmark Forum for Teens

- **PARTICIPANTS AND PARENTS:** Each one of you will have sections of this form to complete. The information requested in this form is intended to enable people to get the maximum results out of the three days of The Landmark Forum and beyond. This information will be held in strictest confidence. All questions must be answered in full before your child can participate in The Landmark Forum.
- **Please print clearly in ink.** Fill every space completely. When a question is not applicable, write N/A rather than leave it blank. Return the **completed form in the enclosed envelope within one week of receipt.**

**Participant Information:**

1. The Landmark Forum (City) \_\_\_\_\_ Month \_\_\_\_\_ Dates \_\_\_\_\_ Year \_\_\_\_\_

2. Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Name I like to be called) \_\_\_\_\_

3. Home Address (Street/P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

4. Home Phone ( ) \_\_\_\_\_

5. Age (as of Day 1 of the Course) \_\_\_\_\_ Date of Birth (Day/Month/Year) \_\_\_\_\_ Gender  Male  Female

6. Have you (young person or teen) completed The Landmark Forum?  Yes  No

If Yes: City \_\_\_\_\_ Year \_\_\_\_\_

7. Please list the names and ages of siblings, relatives, or friends who are also registered in this course with you.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Please list the names and ages of siblings who are NOT registered in this course with you.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. If the participant has a mentor, please complete the following information: Mentor's name. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

(continued)

**Parent Information:**

10. Parent Name  Mother  Father  Legal Guardian (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (Street/P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

We require all phone numbers in the event of an emergency. For numbers you want us to use only in the event of an emergency, please write "Emerg Only" above that number.

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Mobile or Other Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Have you completed The Landmark Forum?  Yes  No  Registered Month \_\_\_\_\_ Year \_\_\_\_\_ City \_\_\_\_\_

Marital Status  Single  Married  Widowed  Separated  Divorced  Domestic Partnership

Spouse/partner's name \_\_\_\_\_ Has spouse/partner completed The Landmark Forum?  Yes  No

11. Parent Name  Mother  Father  Legal Guardian (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (Street/P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

We require all phone numbers in the event of an emergency. For numbers you want us to use only in the event of an emergency, please write "Emerg Only" above that number.

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Mobile or Other Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Have you completed The Landmark Forum?  Yes  No  Registered Month \_\_\_\_\_ Year \_\_\_\_\_ City \_\_\_\_\_

Marital Status  Single  Married  Widowed  Separated  Divorced  Domestic Partnership

Spouse/partner's name \_\_\_\_\_ Has spouse/partner completed The Landmark Forum?  Yes  No

12. What physical conditions does your child have that we should know about?

a.  Yes  No Special Condition (Physically Challenged, \_\_\_\_\_ If yes, please specify \_\_\_\_\_  
Wheelchair, Hearing or Vision Impaired,  
or any other condition?) \_\_\_\_\_

b. **IMPORTANT NOTE:** We provide only one menu. If the participant has a special diet or has special food requirements of any nature, they will need to provide their own lunch. We are not able to provide refrigeration or preparation of any kind. The Registration Fulfillment Manager will provide you with a copy of the menu upon request. If the participant requires snacks, you will need to provide them. The vending machines will not be available during The Landmark Forum for Young People.

c. Should your child need to take any medication during the course, they will need to administer the medication themselves, or their parent/legal guardian will need to come to the course to administer the medication.

We will not administer epinephrine injections. If your child needs someone to administer an epinephrine injection, then a parent or legal guardian should remain on the premises during the course.

13. **Emergency Information:** In case of an emergency in which your child incurs a serious injury or illness, the procedure below will be followed:

- 1) We will call emergency medical services.
- 2) We will call you (the parents/legal guardians).
- 3) We will have your child transported to the nearest hospital emergency room if necessary.



# NOTICE OF IMPORTANT INFORMATION AND HEALTH WARNINGS

## **You must read the section below carefully and completely.**

1. We are pleased that you are going to participate in The Landmark Forum (the “Programme”). Many people have found the Programme to be an enjoyable and valuable experience. However, the Programme is not advisable for everyone. The purpose of this Notice is to ensure that you are not one of the people for whom this Programme may be inadvisable.

We take our responsibility and your safety seriously. Please read each section of this Notice carefully and completely so you can make the right decision for yourself. The recommendations in this Notice have been made by mental health professionals who advise Landmark Worldwide (“Landmark”).

Although the number of people who have experienced serious problems during or after the Programme is quite small, you should be certain whether the Programme is appropriate for you. If you have any questions, please contact a mental health professional. We will assume from your participation in the Programme and from your declaration at the end of this application that you have a full understanding of each and every paragraph which follows and that you understand our recommendations and will comply with our instructions.

## **You and you alone are responsible for your choice to participate in the Programme and for your own health and well-being at all times prior to, during and after your participation in the Programme.**

2. The Programme is a unique course of instruction designed to support people in being more effective in realising their own personal and societal goals. Through a series of philosophically rigorous and open discussions, voluntary sharing of your experience and short exercises, the Programme provides an opportunity to explore basic questions that have been of interest to human beings throughout time and to examine many aspects of your own life. In the Programme, people come to grips with what it means to be human — not as a mere classroom exercise, but as a rigorous enquiry. The Programme offers a unique technology through which people create new possibilities for their lives.
3. In the Programme, you will enquire into fundamental issues that have been of interest and concern to us as human beings. The experience of the Programme is unique to each individual and there is no way to predict in advance exactly what you may think or feel. It is normal for some people to experience unwanted or unfamiliar emotions from time to time, such as fear, anger, sadness, regret, hatred, irritation and impatience. For most participants, exploring thoughts and feelings that they have not fully explored before is a useful and positive learning experience. Some participants have found that exploring life’s issues honestly may evoke uncomfortable and unpleasant feelings. For others, the Programme may occur as physically, mentally and emotionally seriously distressing. If you are unwilling to encounter any of these powerful experiences in yourself or in others, or if you have any concern about your ability to deal with such experiences, **THE MENTAL HEALTH PROFESSIONALS WHO ADVISE LANDMARK WORLDWIDE (“OUR ADVISORS”) STRONGLY RECOMMEND THAT YOU DO NOT PARTICIPATE** in the Programme.
4. Some people experience temporary and not seriously consequential stress during and after the Programme. For most people, stress is a normal part of everyday life. However, people who have a history of mental illness or serious emotional problems personally or in their immediate family may be more vulnerable to stress and may experience additional and very severe physical, mental or emotional problems. In people who have physical, mental or emotional problems, even normal amounts of stress from any source may generate severe physical, mental or emotional problems. If you have any history of mental illness or emotional problems personally or in your immediate family, whether temporary, occasional or intermittent, and whether treated or not, or have concerns about your ability to handle stress, **OUR ADVISORS STRONGLY RECOMMEND THAT YOU DO NOT PARTICIPATE** in the Programme. If you are uncertain about whether this applies to you, we advise you to discuss this with a mental health professional before participating in the Programme.
5. While it is ultimately your choice, **OUR ADVISORS STRONGLY RECOMMEND THAT YOU SHOULD NOT PARTICIPATE** in the Programme if you:
  - (a) have a personal or family history of bi-polar affective disorder (manic-depressive disorder), schizophrenia, acute or chronic depression or other psychotic disorder, whether or not you or they are being or have ever been treated or hospitalised;
  - (b) are taking, have taken or been prescribed to take within the previous twelve months anti-anxiety drugs (such as Librium, Ativan, Klonopin, Xanax, Dormicum or others); anti-depressants (such as Elavil, Prozac, Zoloft, Celexa, Cipram, Prothiaden or others); anti-psychotics (such as Thorazine, Haldol, Stelazine, Risperdal, Zyprexa, Dogmatil or others); any medication to treat bi-polar disorders (such as Lithium, Gabapentin or Depakote); any drugs or medicines, whether prescription or non-prescription, intended to treat or affect mental processes or mood or to treat a chemical imbalance; or anabolic steroids;
  - (c) have an unresolved history of drug or steroid abuse;
  - (d) are or have in the past year been depressed and/or considered or had ideas of suicide, self-harm or harm to another;
  - (e) are currently in therapy and your therapist sees a health reason why you should not participate in the Programme; or
  - (f) are uncertain about your physical, mental or emotional ability to participate in the Programme.

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## NOTICE OF IMPORTANT INFORMATION AND HEALTH WARNINGS *(continued)*

6. From time to time, during or shortly after participating in the Programme, a very small number of people who have no personal or family history of mental illness or drug abuse have reported experiencing brief, temporary episodes of emotional upset ranging from heightened activity, irregular or diminished sleep, to mild psychotic-like behavior. An even smaller number of people have reported more serious symptoms ranging from mild psychotic behavior to psychosis occasionally requiring medical care and hospitalisation. In less than 1/1000 of 1% of participants, there have been reports of unexplained suicide or other destructive behavior. While we know of no independent studies to suggest that people who are physically, emotionally and mentally healthy are at risk in the Programme, certain persons have claimed that the Programme has caused or triggered in them a psychosis or psychotic event.
7. **The Programme is designed for people who clearly understand they are responsible for their own health and well-being before, during and after the Programme.** It is not therapeutic in design, intent or methodology and is not to be used as a substitute for medical treatment, psychotherapy or health programme of any nature, regardless of what you may believe or have heard from anyone. We advise you that the Programme Leaders, staff and people who assist at the Programme are not mental health professionals and there will not be any mental health professionals in attendance.
8. If you experience any symptoms or suggestion of mental distress in the Programme sessions, during the breaks or at the end of any session, or between sessions, you must immediately inform the Programme Leader or the Programme Supervisor. In such event, you and the Programme Leader will discuss the matter and you will determine what is the appropriate thing for you to do. If you experience any symptoms or suggestions of mental distress outside of the Programme, we strongly recommend that you immediately inform a physician or mental health professional.
9. While there are breaks in the Programme, approximately every 2 to 3 hours, we do not promise that we will always break at precisely that interval. Each day there is one meal break and snacks are provided during the afternoon break. We suggest that you eat a meal before arriving at the beginning of each day. If you need to eat more frequently, then you should bring food with you. If you require special seating, must stand and stretch frequently, or have any other needs, please notify the Programme Supervisor, Director, or Leader so that appropriate arrangements can be made.
10. If you have not been feeling well or if you have been meaning to see a physician or a mental health professional for some complaint, symptom or concern, or if you have had difficulty sleeping lately, or been depressed, it is imperative that you consult with a physician or mental health professional prior to your participating in the Programme. Upon request, Landmark will provide you with information required to enable you to make an informed decision about your participation.
11. Although the schedule of the Programme usually (but not always) accommodates sufficient time for sleeping, some participants have stated that they did not have sufficient time to sleep or were unable to sleep at night before, during or after the Programme. Some people have entered the Programme without having had sufficient sleep. For some people, lack of sleep can become a serious problem and may be symptomatic of a mental or emotional illness. If in the past you have become (or think that you may become) ill or seriously distressed because of lack of sleep, **OUR ADVISORS STRONGLY RECOMMEND THAT YOU DO NOT PARTICIPATE** in the Programme. If you do not have sufficient sleep or if you have a sleep disorder during the week before the commencement of the Programme, **OUR ADVISORS STRONGLY RECOMMEND THAT YOU DO NOT PARTICIPATE** in the Programme. If during the Programme, you feel that you have been unable to sleep or have not had sufficient sleep, you must notify your Programme Leader or Programme Supervisor at once.
12. If, after your consulting with your medical or mental or health professional, your health professional needs any additional information about the Programme in order to resolve your ability to participate, please contact the Registration Fulfilment Manager at the Centre delivering this Programme who will provide you with such information.

# Agreements

**The following Agreements are intended to have legal significance. If you have any questions about their meaning, please feel free to consult a solicitor.**

## PARENT RELEASE STATEMENT

The purpose of this statement is to ensure the safety of participants. We recommend that parents *themselves* bring and pick up their child during The Landmark Forum.

a. **THE LANDMARK FORUM FOR YOUNG PEOPLE:** I will be bringing and picking up my young person for all sessions of the Programme. →  YES  NO

b. **THE LANDMARK FORUM FOR YOUNG PEOPLE:** If no, I give the following individuals permission to bring and/or pick up my young person during the Programme:

\_\_\_\_\_

\_\_\_\_\_

A parent, legal guardian, or legal designate must sign-in with the young person each morning. A young person WILL NOT be released at the end of the day until an authorised person has signed a card for their release.

c. **THE LANDMARK FORUM FOR TEENS:** We recommend that your teen remain on the premises during the hours of the course for their own safety and to maximise their participation in The Landmark Forum. Landmark staff and the people who assist will not manage whether your teen stays or leaves the premises.

## CUSTOMER RECORDS PROTECTION AND CONSENT

**Landmark Worldwide UK Ltd and its affiliates (hereinafter referred to as “Landmark”) are committed to protecting the confidentiality of our customers’ personal information. Our privacy policy can be viewed online at [landmarkworldwide.com](http://landmarkworldwide.com).**

Landmark collects and stores personal information provided by our customers, including their sensitive information, for internal administration relating to their participation in Landmark courses, and maintains customer information records at its local and U.S. administrative locations. Landmark may use a third party to update customer contact information to ensure customer records are current and accurate. When updating customer contact information, Landmark ensures such information remains private and confidential. By providing Landmark with your contact information, you are consenting to the described uses of such information.

I have been informed of the storage and use of my personal information (including sensitive information), and understand that I cannot participate in a Landmark course without consenting to such use.

I consent to such use.

We may on occasion inform customers of special offers, programmes, and products offered by Landmark. If you do not want to receive this information, please check the box below.

Please do not inform me of programmes and services offered by Landmark.

To access, update or correct personal information, contact the Landmark office in your area or contact Landmark at:

- Landmark, Ground Floor, 203 Eversholt Street, London, NW1 1BU United Kingdom
- E-mail: [graduaterecords@landmarkworldwide.com](mailto:graduaterecords@landmarkworldwide.com)

## INFORMED CONSENT

I have carefully read the Notice of Important Information and Health Warnings and understand the recommendations and instructions. I have been informed to my satisfaction by the person who introduced me to the Programme or by a representative of Landmark Worldwide (“Landmark”) about the general content of the Programme and I have had an opportunity to ask questions about anything I do not know or understand. I recognise that it is not possible for Landmark to describe everything that may occur during the Programme which generally consists of data presented by the Programme Leader; the voluntary sharing of experiences by other participants; and guided exercises or processes.

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## Agreements *(continued)*

I acknowledge and understand that the Programme was designed for people who clearly understand they are responsible for their own health and well-being before, during and after the Programme and who wish to enhance their living skills. I represent that I am not participating in the Programme to handle any physical, mental or emotional problems and I fully understand that no portion of the Programme is delivered or supervised by health professionals.

I am aware and understand that some people have personally perceived the Programme to be physically, mentally and/or emotionally stressful to them. I have been informed that certain persons with no personal or family history of current or previous mental or emotional problems and no history of use of psychotropic or mood altering drugs reported having experienced psychotic episodes following the Programme.

I acknowledge and understand that I have been **STRONGLY ADVISED NOT TO PARTICIPATE** in the Programme if:

- (a) I have been diagnosed with an emotional or mental disorder, or if someone in my immediate family has a history of emotional or mental disorder;
- (b) I am using or have used psychotropic or mood altering drugs which are listed in the Notice of Important Information and Health Warnings above;
- (c) I am or have in the last year been depressed, contemplated suicide, self-harm or harm to another;
- (d) I have concerns about my ability to handle stress;
- (e) I have or may become ill or seriously disturbed because of lack of sleep or less sleep than I am accustomed to;
- (f) I am unwilling or unable to experience powerful emotions in myself or others;
- (g) I am currently in therapy and my therapist sees a health reason why I should not participate; or
- (h) I am uncertain about my physical, mental or emotional ability to participate in the Programme.

I represent that:

- (a) I know of no reason that I should not participate in the Programme;
- (b) I have considered the nature of the Programme and have voluntarily chosen to attend and not as a result of coercion, pressure, a condition of employment or to satisfy anyone other than myself; and
- (c) I am fully aware of what I am undertaking and that there may be risks associated with the Programme. I agree that I am responsible for my own participation in the Programme and for my own physical, mental and emotional well being, and that Landmark is responsible solely for the orderly presentation of the Programme.

I agree to inform and discuss with the Programme Leader or Programme Supervisor immediately if at any time before the Programme is completed, I experience any unusual physical sensation or pain or any mental or emotional discomfort. If, following the completion of the Programme, I experience any unusual physical sensation or pain or any mental or emotional discomfort, I agree to notify the Manager of the Landmark Centre which delivered the Programme.

The failure of Landmark to enforce any of its rights shall not be construed as a waiver of any of its rights at any time thereafter. If any part or parts of this Agreement shall be deemed invalid or unenforceable, then that part or parts shall be deemed severed from this Agreement and such severance shall not have any effect on the remaining portions of the Agreement.

I acknowledge that my representations and agreements are freely given and are true to the best of my knowledge and are intended to be an inducement to Landmark to approve my participation in the Programme.

I understand that Landmark will be recording the course for internal use only

### **HARASSMENT POLICY**

Landmark Worldwide ("Landmark") is committed to providing an environment free from sexual or other forms of harassment. Any harassment is unlawful and will not be tolerated by Landmark. If you believe you or your child has been unlawfully harassed, you should contact the local Centre Manager, or the Director of Human Resources at Landmark's World Headquarters in San Francisco at +1-415-616-2401. If you have any questions about Landmark's Harassment Policy or would like a copy of the Policy, please contact either of these people.



# Agreements *(continued)*

**SHARED LEGAL RIGHTS (Parents – Please read this very carefully and complete the appropriate section below:)**

In order to participate in The Landmark Forum, we require the signature of anyone who has legal rights regarding the participant, regardless of their marital status. Anyone who has any legal rights of a minor child must sign below. In the case where the legal rights are not shared, the appropriate parent or legal guardian should complete the lower portion of this form. Please call the Centre if you have any questions regarding this.

**MARRIED PARENTS OR PARENTS/GUARDIANS WITH SHARED LEGAL RIGHTS**

**I GIVE PERMISSION FOR MY CHILD TO BE IN THE LANDMARK FORUM. I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE NOTICE OF IMPORTANT INFORMATION AND HEALTH WARNINGS, PARENT RELEASE STATEMENT, CUSTOMER RECORDS PROTECTION AND CONSENT, AND INFORMED CONSENT, ON MY CHILD'S BEHALF.**

I agree that my signature on a faxed copy of this document shall be deemed an original.

→ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print Parent/Legal Guardian's name here: \_\_\_\_\_

I agree that my signature on a faxed copy of this document shall be deemed an original.

→ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print Parent/Legal Guardian's name here: \_\_\_\_\_

**PARENT/GUARDIAN HAVING SOLE LEGAL RIGHTS**

**I HAVE SOLE LEGAL RIGHTS REGARDING MY CHILD AND GIVE PERMISSION FOR HIM/HER TO BE IN THE LANDMARK FORUM, AND I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE NOTICE OF IMPORTANT INFORMATION AND HEALTH WARNINGS, PARENT RELEASE STATEMENT, CUSTOMER RECORDS PROTECTION AND CONSENT, AND INFORMED CONSENT, ON MY CHILD'S BEHALF. I agree to provide Landmark with documentation or information validating my claim to have sole legal rights.**

I agree that my signature on a faxed copy of this document shall be deemed an original.

→ Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print Parent/Legal Guardian's name here: \_\_\_\_\_

**PARTICIPANT**

I understand that The Landmark Forum is a private and personal experience for each person who participates. I agree to respect the privacy of all participants and the things they say and do, and I agree to keep all such information private and confidential. I have been informed that in order for me to receive the results of the Programme, my participation must be an expression of my own free choice. I represent that I am participating in the Programme voluntarily and not as a result of coercion, pressure, or to satisfy anyone other than myself.

**I AGREE TO ABIDE BY THE ABOVE NOTICE OF IMPORTANT INFORMATION AND HEALTH WARNINGS, PARENT RELEASE STATEMENT, CUSTOMER RECORDS PROTECTION AND CONSENT, AND INFORMED CONSENT, AS WELL AS THE PARAGRAPH ABOVE.**

I agree that my signature on a faxed copy of this document shall be deemed an original.

→ Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_