

**ETZ HAYIM TEMPLE HEALING AND
DELIVERANCE CONFERENCE OUTLINE
TISHREI 5783**

SESSION 1 – Tishrei 1 -5, 5783 (Mon. Sept. 26-30, 2022)

Session Topics:

Day 1 : Astrology (Biblical, Vibrational, Medical)

Day 2 : Crystals

Day 3 : Vibrational Meditation /Crystal Singing bowls, Tibetan bowls,
Gongs, tuning forks, etc.

Day 4 : Meridian Therapy and Acupuncture

Day 5 : Healing and Deliverance

BREAK Tishrei 6 & 7, Oct. 1 & 2

SESSION 2 – Tishrei 8-12, (Monday, Oct. 3-7, 2022)

Session Topics:

Day 1 : Astrology (Biblical, Vibrational, Medical)

Day 2 : Crystals

Day 3 : Vibrational Meditation /Crystal Singing bowls, Tibetan bowls,
Gongs, tuning forks, etc.

Day 4 : Dream Interpretation

Day 5 : Healing and Deliverance

BREAK Tishrei 13 & 14 , Oct. 8 & 9

SESSION 3 – Tishrei 15-19, (Mon. Oct. 10-14, 2022)

Session Topics:

Day 1 : Astrology (Biblical, Vibrational, Medical)

Day 2 : Crystals

Day 3 : Vibrational Meditation /Crystal Singing bowls, Tibetan bowls, Gongs, tuning forks, etc.

Day 4 : Energy Psychology

Day 5 : Healing and Deliverance

BREAK Tishrei 20 & 21 (Oct. 15 & 16)

SESSION 4 – Tishrei 22-26, (Mon. Oct. 17-21, 2022)

Session Topics:

Day 1 : Astrology (Biblical, Vibrational, Medical)

Day 2 : Crystals

Day 3 : Vibrational Meditation /Crystal Singing bowls, Tibetan bowls, Gongs, tuning forks, etc.

Day 4 : Auras and Chakras/Color & Light Therapy with Special Guest Carolyn Freeman

Day 5 : Healing and Deliverance

\$500 per session per person.

Attend 1 session or more.

Discount if you attend 2 or more sessions:

2 Sessions: \$900

3 Sessions: \$1,200

All 4 Sessions: \$1,400

Breakfast, Lunch and Dinner are included.

Transportation, Room Accommodations and Flight are not included.

Registration Form

Instructions for Registration:

- 1) Fill out the registration form.
- 2) Download, Sign and Date the Liability Waiver and email it to:
etzhayimhealing@gmail.com
- 3) Submit Payment to secure your spot at Eventbrite.

Only 10 people per session will be accepted for each Session.

If you are signing up for more than 1 session, please fill out another registration form for each session you want to attend. Please email us for more information or if you have any questions.

etzhayimhealing@gmail.com

Name: _____

Session (Circle One) 1. 2. 3. 4.

Place, Date and

Time of Birth: _____

List of Current Medications: _____

List of Any Addictions (i.e. alcohol, tobacco, sex, drug, video game, internet, shopping, gambling, food):

LIABILITY WAIVER
General Release Of Liability Form

I, _____ at

HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES being conducted by *EETZ HAYIM TEMPLE INC. and Etz Hayim Temple & Energy Center, Rabbi Vincent Adams and Naviah Leslie Adams and all staff and volunteers* at *Etz Hayim Temple & Energy Center, Old Town, Florida*

including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I CERTIFY that I have sufficiently prepared for participation in this activity and have not been advised to not participate by a qualified medical professional. 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.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(1) 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:

EETZ HAYIM TEMPLE INC. and Etz Hayim Temple & Energy Center, Rabbi Vincent Adams and Naviah Leslie Adams and all staff and volunteers at *Etz Hayim Temple & Energy Center, Old Town, Florida* _____ and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(2) 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.

I acknowledge that *EETZ HAYIM TEMPLE INC. and Etz Hayim Temple & Energy Center, Rabbi Vincent Adams and Naviah Leslie Adams and all staff and volunteers at Etz Hayim Temple & Energy Center, Old Town, Florida* and their directors, officers, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

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 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.

SIGNATURES

Releasor's Name & Signature

Parent/Guardian Name and Signature
(If under 18 years old, Parent or Guardian must also sign.)

Date:
Releasee's Name/Stamp and Signature