

“Foundations Class: Herbal Medicine II”

with Tieraona Low Dog, MD

August 17-19, 2017

In this herbal retreat, we will put into practice everything that you have learned throughout your immersion into the Foundations in Herbal Medicine course.

We will spend time in the field and the pharmacy making advanced preparations and gaining a deeper knowledge of how to use herbal medicines. We will explore the use of essential oils in clinical practice, expand your assessment of, and use of botanicals in, depression and anxiety, and go deeper in the pharmacy making compounded and simply syrups, compounded creams, oxymels, elixirs and learning numerous ways to administer herbal powders. On the final day, weather permitting, we will go up the canyon for an herbal walk (short distance, no climbing) to identify some unusual and powerful plants and enjoy a boxed lunch in a gorgeous setting along the Pecos river. Then you will work in small groups on advanced cases, picking products and/or making your medicine in the pharmacy before presenting to the larger group.

This course is **ONLY** open to Foundations in Herbal Medicine students who have attended at least one previous herbal retreat at the ranch.



“Foundations Class: Herbal Medicine II”

Thursday, August 17th (1PM-5:30PM)

- 12:30 PM **Meet at Pecos Gathering Place**
- 1:00-2:00 **Opening Circle**
- 2:00-5:30 **Essential Oils in Practice**
Selecting, blending, using essential oils safely in proper dilution in aromatherapy, topical oils, sprays, internal use, etc

Friday, August 18th (9:00AM-7:00PM)

- 8:30 AM **Meet at Pecos Gathering Place**
- 9:00-10:45 **Differential Assessment & Treatment of Anxiety and Depression**
Nutrient deficiency, GI-liver related, elders, HPA dysfunction, and more
- 10:45-11:00 **Break: Tea, coffee and light refreshments**
- 11:00-12:30 **Differential Assessment & Treatment, Part II**
Common and lesser known (mimosa, damiana, bupleurum, cola, rose, saffron)
- 12:30-1:30 **Noon Feast**
- 1:30-3:00 **Advanced Art of Herbal Formulation**
How to choose herbs, how much of each, and dosing issues
- 3:00-3:15 **Break: Tea, coffee and light refreshments**
- 3:15-5:30 **Advanced Pharmacy**
Compounded syrups, oxymels, elixirs, compound creams, herbal powders
- 5:30-7:00 **Herbal Happy Hour and Hors D'oeuvres at the Main Lodge**

Saturday, August 19th (9:00AM-6:00PM)

- 8:30 AM **Meet at Pecos Gathering Place**
- 9:00-12:30 **Carpool to Jack's Creek for Field ID and Lunch (good weather)**
- 1:00-3:00 **Advanced Case Studies: Small Group Work**
Create treatment plan, pick and/or make products from on-site pharmacy
- 3:00-3:15 **Intuitive Tea Tasting**
- 3:15-5:30 **Case Studies: Large Group Discussion**
- 5:30-6:00 **Closing Circle**

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

Credit Card using PayPal (available on 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 15, 2017, 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 ("Foundations Class:Advanced Herbal Medicine" with Tieraona Low Dog, MD on August 17-19, 2017 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