



**ST. CROIX  
HEALING ARTS  
CENTER**

## **Commitment Agreement and Liability Waiver**

Print Name\_\_\_\_\_

I am participating in the Sacred Directions Medicine Wheel energy medicine training program offered by Hozho' Healing, LLC and St. Croix Healing Art Center of my own freewill. I am committed to completing this program. I will not hold Hozho' Healing, LLC, Kristina Nez Begay, St. Croix Healing Art Center, or Irene Pregl legally responsible for any injury, illness, accident, or other misfortune that may occur in connection with my enrollment in the program.

Legal Signature\_\_\_\_\_ Date\_\_\_\_\_

