



Congratulations on having registered in The Landmark Forum. We have designed The Landmark Forum as an opportunity for people to advance their goals and commitments, to enhance their personal effectiveness, and to achieve consistently extraordinary results.

JIN 57

Please fill out this form completely and return it in the enclosed envelope within one week of receipt.

The accuracy and completeness of your answers are important as a condition to your participation in this program. We will hold the information on this form in strictest confidence.

Please print clearly in ink and answer every question, and please sign your name in each of the appropriate places.

1. Forum (City) Dallas
 Month Dec Date 16, 17, 18, 20 Year 1994

2. Name (Last) Ness (First) Tracy
 (Middle) Lynn (Name I like to be called) Tracy

3. Home Address (Street / P.O. Box) 8924 Rosecliff
 City Dallas State TX Zip 75217

4. Home Phone (214) 391-1809 Work Phone (214) 789-2354

5. Age 25 Birthdate (Month/Day/Year) 11/24/68
If you are under 18 years of age, you must currently live at least 50% of the time with a parent or guardian who has completed The Landmark Forum.

6. Sex Male Female

7. Marital Status Single Married Widowed Divorced Divorced

8. a. Please indicate your occupation or profession: Secretary
 b. What is your job title or position? Benefits Assistant
 c. If you are not currently employed, please indicate your vocation, training, or profession:

9. Have you completed The Landmark Forum? Yes No If yes, where and when?
 City _____ Month _____ Year _____

Have you completed any of our previous programs? Yes No
 If yes, please indicate the first program you participated in: Program _____
 City _____ Month _____ Year _____

Landmark Education

20. In order to benefit fully from your participation in The Landmark Forum, we ask that you take a moment to state specifically what you intend to accomplish. Answering this question does not suggest or guarantee that you will achieve these specific results by the end of the program. However, by being specific, you will facilitate your participation. Please answer in the space below.

To become comfortable with myself and allow people to get close to me.
To be comfortable with my father and be able to discuss his homosexuality with him and my fear of AIDS since his partner died 3 years ago
to find the courage to complete med school

21. Name of the person who introduced you to The Landmark Forum: Gwendolyn Curlee

22. Please list the names of the family members, relatives, friends, and business associates who are participating in The Landmark Forum with you.

Name of Person	Relationship to You
_____	_____
_____	_____
_____	_____

23. Is there anything else you would like to communicate now?

I was going rapid eleven years ago and used drugs and alcohol to escape the reality of what happened to me. I completed a program and learned to deal with it. I learned that I can't change my past - only learn from it.

CONFIDENTIALITY AGREEMENT

I understand that The Landmark Forum is a private and personal experience for each participant. As such, I agree to respect the confidentiality of all participants and their remarks and actions, and I agree to keep all such information private and confidential. I am also aware that The Landmark Forum is protected by copyright, and cannot be reproduced, copied or otherwise duplicated without the express written permission of Landmark Education Corporation. I agree not to violate this copyright.

DECLARATION AND PROMISE (AGREEMENT)

I declare that I have read and understand all of the information on this Information Form; that all of my responses are accurate and true to the best of my knowledge; and that I have read and understand the Confidentiality Agreement and agree to abide by it.

Signature Mary L. Neff Date 10/12/94

If you are under 18 years of age, your parent or legal guardian must read and sign below:
As parent or legal guardian of the above-named minor,

- 1. I have completed The Landmark Forum and the above-named minor times with me at least 50% of the time.
- 2. I hereby give my permission for my child to take The Landmark Forum.
- 3. I agree to the above Declaration on his/her behalf.

Signature Mary L. Neff Date _____

NOTICE

PLEASE READ THE FOLLOWING SECTION CAREFULLY AND COMPLETELY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE REGISTRAR IN YOUR LOCAL CENTER. WE WILL ASSUME FROM YOUR PARTICIPATION IN THE LANDMARK FORUM THAT YOU HAVE UNDERSTOOD THE FOLLOWING SECTION AND HAVE FOLLOWED OUR RECOMMENDATIONS.

The Landmark Forum (the "Program") is intended for people who are well. In the Program, you will address such questions as "What does it mean to be human?" and "What is the possibility of being for human beings?" Although most people find these matters engaging, challenging and rewarding, some may find thinking about such matters difficult and unsettling. As with any serious undertaking in life, you should take the time to determine whether or not you are physically, mentally and emotionally prepared to engage in these kinds of questions.

To achieve the maximum value from the Program, you should be prepared to engage in a rigorous examination, in serious work. We will assume your presence at the Program to indicate that you have considered the nature of the Program and have chosen to attend it on your own responsibility and risk, with no questions in your mind about your willingness and ability to do so. You are responsible for your own well-being.

To be certain that you have no misunderstanding about the nature of the Program, we advise you of the following:

- 1. The Program is not therapeutic in design, intent or methodology and is not a substitute for psychotherapy or for a drug or alcohol treatment program. Because some people may, contrary to our specific instructions, take the Program as a way of dealing with issues that are properly addressed by trained mental health professionals, we advise you that the Program Leaders are not trained mental health professionals; that no trained mental health professionals will be in attendance at the Program; and that the Program will not address issues which are best dealt with in therapy.

- 2. Please answer the following questions truthfully:

(a) Have you ever been hospitalized for psychiatric care or a mental disorder, or has such hospitalization been recommended to you by a psychiatrist or other mental health professional?

Yes No

(b) Are you currently in therapy?

Yes No

(c) If you are currently in therapy, are you "winning" in therapy?

Yes No

(d) Have you ever had an incomplete course in therapy?

Yes No

(e) If you are currently in therapy and you are "winning", you must advise your therapist that you are going to be in the Program. It is our intention here simply to serve your best interest by not adding input that your therapist does not know about.

Have you advised your therapist that you are going to be in the Program?
Has your therapist verbally stayed your being in the Program?

Yes No **BMA**
 Yes No **CMA**

- 3. Have you ever been in a residential treatment program for drug or alcohol use?

Yes No

"Our definition of "winning in therapy": You are winning in therapy if what you and the therapist are doing (or did) is handling (or has handled) the situation(s) for which you are (or were) in therapy. In other words, you and your therapist are (or were) satisfied with the therapy.

If you answered "yes" to questions 2 (a) or (d), or 3, or "no" to question 2 (c), we recommend that you NOT participate in the Program at this time. Please contact the Registrar in your Center immediately regarding this recommendation.

4. Even if you answered "no" to questions 2 (a), (b), and (d), or question 3, you should reconsider your participation in the Program in terms of the long hours each day and the intensity of the work. Breaks occur approximately once every 2-1/2 hours, and there is one scheduled meal break each day. (People who have a medical condition which requires more frequent eating or bathroom breaks or other special arrangements are required to notify the Program Supervisor at the beginning of the Program so that appropriate arrangements can be made.)
5. In the Program, you will address fundamental issues regarding being human. In the course of such an inquiry, some people will, from time to time, experience emotions such as fear, anger, sadness, regret, and despair. Also in the Program, as in life, people will from time to time cry or experience headaches, tiredness, nausea, confusion, disappointment, feelings of anxiety, uncertainty, and hopelessness. Some participants may find the Program physically, mentally, and emotionally stressful. If you are unwilling to encounter such experiences or if you consider that experiencing such emotions may be upsetting to you, we recommend that you NOT participate in the Program.
6. Since people find different events stressful, you should assess your own participation in the Program. In this regard, we have been advised that persons who have suffered serious physical or emotional problems, or who have a history of physical or emotional problems in their immediate family may be more susceptible to stress than others. If you have any questions about your ability to deal with stress, we recommend you NOT participate in the Program.
7. The Program is not intended as a substitute for medical treatment. Please be advised that numerous kinds of physical and medical disorders and ailments may reduce your tolerance even to "normal" levels of stress. Examples of such disorders include, but are not limited to, heart and blood-vessel disease, nerve and muscular disorders, glandular and metabolic disorders, some respiratory illnesses and high blood pressures. Your participation in the Program is not recommended if you fall into one of these categories and such participation may jeopardize your well-being. If you are presently under the care of a physician for any such disorder, or if you are not or have not been feeling well or have been wanting to see a physician for some complaint or symptoms, we recommend that you consult your physician and obtain verbal approval for participating in the Program.
8. We want to inform you that the intake of certain kinds of drugs may reduce your tolerance to even "normal" levels of stress. Therefore, if you are currently using (a) major tranquilizers, (b) minor tranquilizers, (c) anti-depressants, (d) barbiturates or sedative hypnotics, (e) amphetamines or related drugs or (f) lithium, we recommend that you NOT participate in the Program at this time. If you are receiving any kind of drug therapy which is under a doctor's prescription and is not mentioned in the previous sentence, even if it seems harmless to you (e.g., antibiotics), we recommend that you check with your physician to be certain that neither the drug itself nor the condition for which you are being treated will predispose you to risk. Should your physician approve your participation in the Program, you will be able, of course, to take your medicine during the Program.

INFORMED CONSENT

THIS INFORMED CONSENT IS INTENDED TO HAVE LEGAL SIGNIFICANCE. IF YOU HAVE ANY QUESTIONS ABOUT ITS MEANING, PLEASE CONSULT AN ATTORNEY.

I have read and understand the above Notice, and have truthfully answered the questions in Items 2 and 3.

I have been informed that in order for me to receive the results of the Program, my participation must be an expression of my own free choice.

I represent that I am participating in the Program voluntarily and not as a result of coercion, pressure, a condition of employment, or to satisfy anyone other than myself.

I am aware and understand that the Program involves a potential risk of physical and/or emotional stress. I agree that Landmark Education Corporation is responsible only for the orderly presentation of the Program and that I am responsible for my own participation in the Program and my own well-being.

I represent that I have not enrolled in the Program to handle a physical problem or drug or alcohol problem, or to participate in therapy, and I recognize that no portion of the Program is delivered or supervised by a trained health professional. I know of no episodes in my past history which suggest to me that I have a physical or emotional disorder or a recurring and unresolved physical or emotional problem. Further, I know of no recurring symptoms, physical or mental, which suggest to me that I may not be able to handle the types of activities described to me as part of the Program.

I promise to inform the Program Supervisor if, at any time during the Program, I experience any physical sensation or mental discomfort which I consider to be out of the ordinary.

I willingly and knowingly assume for myself, and my heirs, family members, executors, administrators, and assigns, all risk of physical injury and emotional upset which may occur during or after the Program, and I hereby agree to hold Landmark Education Corporation, its officers, directors, shareholders, employees, and agents, harmless from any and all liability arising out of my participation in the Program.

Signature

Jacq L. Niff

Date

10/12/94

If you are under 18 years of age, your parent or legal guardian must read and sign below.

As parent or legal guardian of the above-named minor, I agree to the above Informed Consent on his/her behalf.

Signature

Date