



Dear Applicant,

We are happy to hear that you are curious about what we consider to be a great and profound adventure — getting a glimpse into what it is to be an authentic human, living naturally, the way we are designed to be. The Wilderness Skills Intensive is unique, because you can experience those aspects by literally living them.

Along with the opportunity to learn a range of primitive skills, you gain another level of abilities that we call *lifeway skills*. The chronology and skills taught in a Wilderness Skills Intensive are decided by the Circle, which is comprised of weather, the season, the needs of the moment, and the camp's human and nonhuman communities.

It takes years to learn all that is needed, so it's unrealistic to expect that you could live fully self-sufficiently in the wilderness after this experience. Yet, you gain far more learning the skills with a clan, within the context of a wilderness immersion, than you could in the same time period on your own or taking classes. Learning an isolated skill is like taking a fish out of water, studying it, and thinking you know the fish, as opposed to observing him in his natural habitat over time.

Following are some (though by no means all) of the skills presented:

- Campsite selection (how to choose safe and comfortable sites)
- Fire by friction (bow drill: basic and advanced techniques)
- Open-fire cooking, without pots and pans
- Wilderness first aid, when you need to be your own doctor
- Firewood gathering (how to find the best firewood in any condition)
- Wild edible plant identification, gathering, and storage techniques
- Lostproofing (learning to navigate in the wilds without modern technology)
- Weather forecasting (needed for comfortable living in the forest)
- Personal hygiene (vital for staying healthy in the wilds)
- Fishing and trapping with gear made on the spot
- Canoeing; advanced paddling and portage techniques
- Primitive shelter building

*~Where Wilderness is the classroom, Ancient Voices are the teachers, knowing self and Balance is the quest ~*

In addition, you experience what it takes to function as an organ within an organism, where the whole is greater than the sum of its parts. You learn this in the best possible way: by using these skills in real-life situations.

- **The Talking Circle.** The way a native camp governs itself, makes major decisions, and resolves conflict.
- **Truthspeaking.** The skill of being able to communicate clearly and effectively what is in your heart, and of listening deeply for what another's heart is conveying.
- **The Ways of Honor and Respect.** How to forage, hunt, and gather with consideration for all life. Also, how humans practice honor and respect with each other.
- **Dream Guidance.** The ritual of connecting intimately with self and others in your clan.

The entire experience places emphasis on the power of the clan, and how it thrives with the gifts each individual brings to the circle. Each person is honored for the unique qualities they embody.

In order to experience a rewarding, full-immersion involvement, participants are asked to:

- Remain in camp and the surrounding wilds for the duration of the Program.
- Fully participate in the experience.
- Leave phones, cameras, watches and other technological devices behind.
- Come as an empty bowl - open and engaged - in order to explore, learn, and experience a whole new world. As much as possible, leave preconceptions of Native lifeway behind, along with beliefs and practices such as yoga, martial arts, meditation, etc. The more one's bowl is already filled, the less room one has for fresh, new discoveries.

We have drafted the questions in this application to help you gain clarity as you embark on this adventure. The more consciously and deliberately you reflect upon and answer them, the better we can support you on your Journey of discovery.

Upon receipt and review of your completed application with tuition deposit, all signed waivers, medical history form, and a letter from a licensed medical doctor certifying your mental and physical health, we will confirm your registration and send preparation materials. Please be aware that we accept a maximum of 10 participants per session on a first-come, first-serve basis.

Please feel free to call or write us with any questions, concerns, or suggestions. We are looking forward to hearing from you.

Your guides,

Abel, Susan, Tamarack, Lety and OdeMakwa



## Course Application August 2020 Wilderness Skills Intensive

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*For Office Use*

**Tuition \$2500**

Date Deposit received:

Date remaining tuition received:

How did you hear about us?

\_\_\_\_\_

Next of kin to contact in case of emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list two people who can recommend you for this experience:

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Please answer the following questions thoughtfully and honestly. If attending with children, reproduce this sheet for each child and fill in all the information and questions.

1. Who are you, what brought you to this point in your life, what do you wish to learn in the Wilderness Skills Intensive?
  
  
  
  
  
  
  
  
  
  
2. What would you like to do with what you gain from the Program?

3. What wilderness and primitive skills do you presently have?
  
4. What is the general condition of your physical health? How often do you exercise?
  
5. In your opinion, what is the state of your mental health?
  
6. Do you use tobacco, alcohol, caffeine, or other drugs? Are any of these uses habitual and what is your history with them?
  
7. Please let us know if you have dietary restrictions, or other needs that we should provide for.
  
8. Mention anything not listed here such as self-defeating patterns, addictive behaviors, etc. that you would like us to know so we may best serve you during the Wilderness Skills Intensive.

Please insert or attach a photo of yourself to this application



## Medical History Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex\*: \_\_\_\_\_

*\*please provide biological sex for medical purposes. If you prefer another pronoun please let us know.*

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_

### Medical Conditions (circle if applies)

Diabetes

Epilepsy (seizures)

Asthma

Allergy

Stroke

Heart conditions

Lyme disease (Borreliosis)

Head trauma

Mental health issues

Other \_\_\_\_\_

*Please explain on the back of the form.*

### Allergies (circle if applies)

Medications

Bee stings

Tree nuts

Pollen/mold

Other

Have you ever had an anaphylactic reaction or severe breathing problems? \_\_\_ Yes \_\_\_ No

*If yes, please explain on back of the form.*

### Medical History – If you say yes to any of the questions, please elaborate on the back of the page

Have you had a recent surgery or hospitalization? \_\_\_ Yes \_\_\_ No

Have you ever had any medical condition or trauma that resulted in hospitalization? \_\_\_ Yes \_\_\_ No

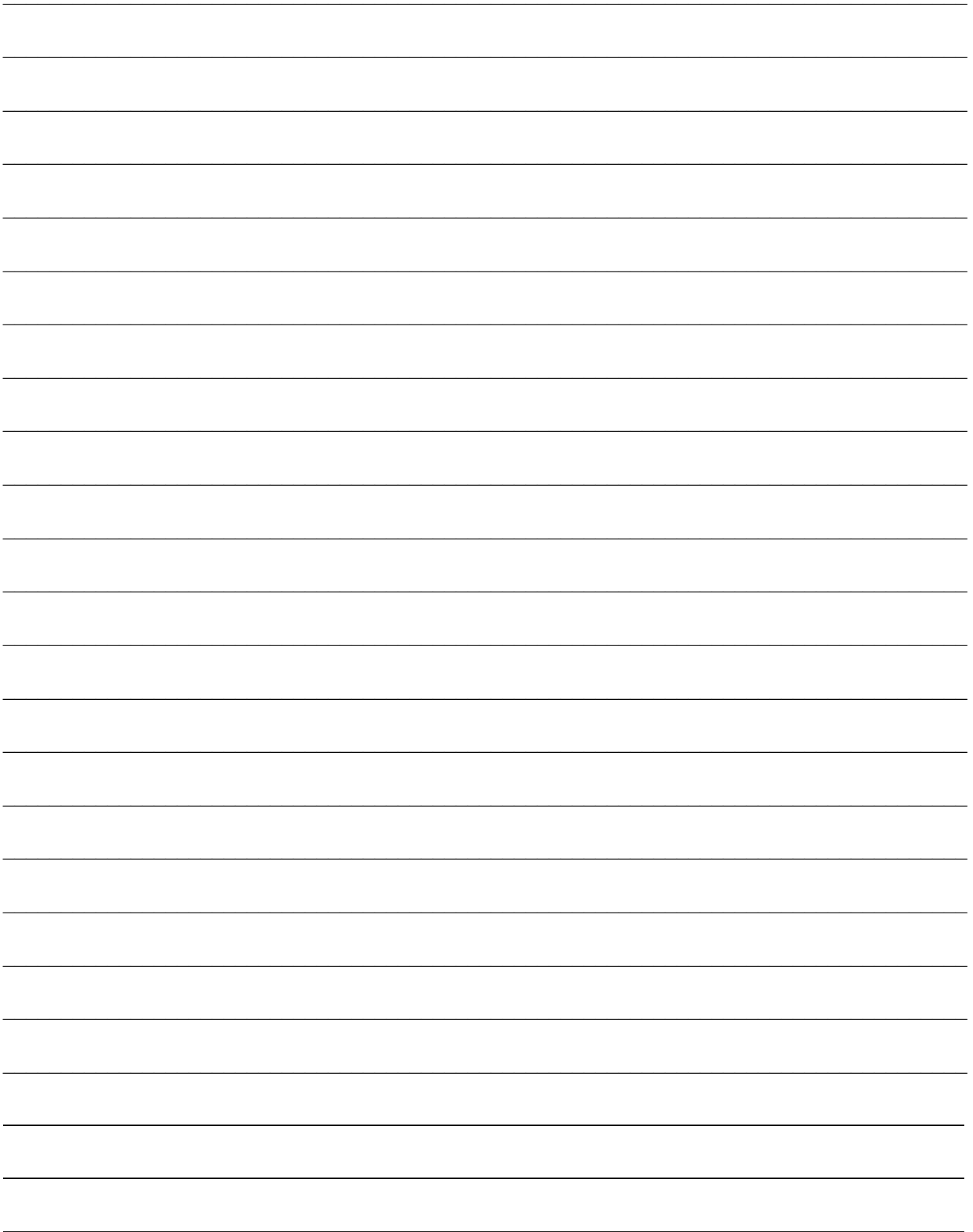
Have you received any treatment for psychoemotional or mental health conditions? \_\_\_ Yes \_\_\_ No

Are you currently taking any medications? \_\_\_ Yes \_\_\_ No

Has a health professional recommended that you take a medication for a current condition that you are not taking? \_\_\_ Yes \_\_\_ No

Do you have any chronic pain or injuries? \_\_\_ Yes \_\_\_ No

If you have chosen an alternative/holistic/homeopathic/herbal alternative treatment to a condition, please explain on the back of the form.





## Wilderness Skills Intensive Program TUITION POLICY

### **Tuition: \$2500**

- \$500 due with application. (*non-refundable*)
- Remaining \$2,000 due within 30 days after acceptance of application.  
(*refundable if canceled 60 days prior to program start date. \$1,000 refundable if canceled 30 days prior to program start. No refunds after that time.*).

*In order to be fully present and not have financial distractions during the Program, tuition deadlines must be met before the Program begins.*

*If you have difficulties in this regard, please call us immediately, so we can explore options.*

### **Once the Program begins, there is no tuition reimbursement, for these reasons:**

- When people feel challenged beyond their comfort zones, the possibility of a tuition reimbursement can be a tempting excuse for dropping out rather than facing and learning from the issues that come up. This short-circuits the purpose for which you decided to participate in the Program.
- In a real wilderness experience, there is no “dropping out.” You cannot simply escape by hopping on a bus or plane. This Program is designed to provide you with a real wilderness experience.
- Every individual is essential to the survival of the group, and our no-tuition refund policy supports that.
- Program overhead is set for the duration, and the School must meet that commitment whether or not the student completes the course.

Greetings Seeker,

Here is the information you need to send U.S. dollars to the Teaching Drum. All of the data below (in bold) needs to be included in the form you fill so that the transfer will be successful.

**Beneficiary Bank- Associated Bank of Green Bay - Green Bay, WI 54301 USA SWIFT CODE: ABGBUS44**

**FFC: mBank Acct #: 90002964 - 130 S. Cedar St. Manistique, MI. 49854 USA**

**FFC: Teaching Drum Outdoor School Acct #: 6011802**

The international liaison between your bank and ours is Associated Bank of Green Bay. They will in turn credit our bank 'mBank', and finally mBank will credit the Teaching Drum account. That is why all the account numbers need to be listed on your form. FFC means 'for further credit'. Please feel free to call or e-mail me: [lety@teachingdrum.org](mailto:lety@teachingdrum.org) tel. 715-546-2944 if you have problems or questions regarding your transaction.

In service,

Lety Seibel

Teaching Drum Outdoor School  
Where Wilderness is the classroom,  
Ancient Voices are the teachers,  
knowing self and Balance is the quest.

7124 Military Road

Three Lakes, WI 54562-9333

715-546-2944

[lety@teachingdrum.org](mailto:lety@teachingdrum.org)

[www.teachingdrum.org](http://www.teachingdrum.org)





## Release of Liability and Indemnification Form

I, the undersigned, understand that The Teaching Drum Outdoor School, Inc., hereinafter referred to as TDOS, does not provide health or liability insurance for its staff, guests, or students.

I hereby acknowledge that I have been advised and fully understand that whether I am visiting, volunteering, or participating in any TDOS experience or course (Wilderness Guide Program/Wilderness Moon Program/Wilderness Skills Intensive/Weeklong Visit/other) offered at the TDOS; whether on School grounds or other location; for a short or extended period of time, that I may be exposing myself to extreme weather conditions and other potentially dangerous situations in an isolated wilderness area where access may be limited, and where no immediate medical assistance or facilities may be available. I am aware that the following list describes some, though not all, risks that may result in property loss, injury, sickness, or death: exposure to poison ivy, insects, predators, unpredictable forces of nature such as storms, falling trees, fire, the use of sharp tools, exposure to mold, food, and other natural allergens, sunburn, dehydration, heat stroke, slipping, falling, drowning, weight loss, disruption of menstruation, and other known or unanticipated risks. Acknowledging these facts and understanding that participation in any capacity may be hazardous, I am voluntarily participating in the School's ongoing activities.

I attest and verify that I am physically fit and have sufficient physical capacity to participate in TDOS activities. I also state that I am free from medical or physical conditions that can create undue risk as I engage in camp life. My physical condition has been verified by a licensed medical doctor.

Further, I understand that alcohol, tobacco, drugs, and firearms are not compatible with the methodology of TDOS, and I will not harbor them during my stay.

I certify that I am healthy and of sound mind, that I have carefully read this agreement, and that I fully understand and agree to its terms and conditions. Therefore I the undersigned, of my own free will, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, assume full risk and responsibility for any bodily injury, death, loss of personal property, damages, or expenses that may result from any involvement with TDOS. Further, I contractually indemnify and hold harmless TDOS, and waive and release any and all rights and claims I may have against TDOS, the United States Forest Service, and any other legal entity or third party with which the TDOS has a contractual or associated relationship, and each of its agents, representatives, employees, contractors, volunteers, successors, and assigns, to the fullest extent of the law. I hereby waive my right to bargain for different Waiver of Liability terms.

Date \_\_\_\_\_

Participant Name

Participant Signature

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

If the above listed participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Release of Liability and Indemnification Form on their behalf, and understand and agree that she/he is bound by all terms and conditions of this document.

Date \_\_\_\_\_ Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

**Promotional/Photo Release**

For educational and promotional purposes, photographs, audio, and video recordings may be produced. I hereby consent, authorize, and agree that any of these materials where my likeness, voice, transcription thereof, or materials made or written by me appear, shall become property of and may be used by TDOS at its discretion and without restriction.

Date \_\_\_\_\_

Participant Name

Participant Signature

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

If participant is under 18 years of age, this release of liability and indemnification form must be signed by legal parent or guardian.

Date \_\_\_\_\_ Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

In case of emergency please contact: (please print legibly)

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_