



## **Vision Quest in Findhorn / Scotland**

**19th - 31st August 2025**

### **Registration Form**

Name:

Address:

Tel:

Email:

With this registration, please transfer a non-refundable deposit of **£400** (450 Euro) to the following account:

N Lythgoe  
Santander  
ACC 20235638  
Sort 09 01 26

You will then receive documents for further preparation for your vision quest.

Please transfer the remaining participation fee of **£550 - £850** (700-1050 Euro) by **May 1<sup>st</sup> 2025** to the account above. (If you would like to pay in Euros please get in touch and we will send you the EU account details.) Please have in mind that the basic fee (**£950/1150 Euro**) just covers the minimum financial balance for Natasha and me. Your generosity would also allow bursary spots for participants with less income.

The fee for accommodation and Findhorn community (**£160/190 Euro**) has to be paid cash on site. Further extra costs are self-catering.

Art of Rewilding: Natasha Lythgoe, [natashafayelythgoe@gmail.com](mailto:natashafayelythgoe@gmail.com)  
Schildkroete: Werner Pilz, [w.pilz@mailbox.org](mailto:w.pilz@mailbox.org)



## Participation Conditions

With your signature you confirm that you have taken note of these conditions of participation and agree.

### **Cancellation**

In the event of cancellation due to force majeure or emergency, we will notify you immediately and refund all monies. If one of the guides, due to unforeseen circumstances, cannot attend as a seminar leader, we are entitled to provide a qualified replacement.

### **Liability**

Each participant is responsible for what he and she does, receives, gives and experiences during the seminar. The management is liable for their own fault or that of vicarious agents only in the event of intent or gross negligence. Any further liability is excluded.

When we meet in person we will go through all Health and Safety procedures and ask you to sign a form specifically around personal responsibility during the four days spent in solo-time.

### **Data Protection**

All data that we receive from you as part of this vision search is only accessible to the management team and will not be passed on.

### **Agreement**

I accept to sign the declaration of personal responsibility (see above under liability) for the period of the vision quest and to pay for any damage I cause.

From a medical point of view, there is nothing to prevent me from being alone and fasting. If in doubt, I will talk to my doctor or therapist. I understand that my participation is not a substitute for medical or psychiatric treatment. If I am undergoing medical or psychiatric treatment, I will discuss my participation with my doctor / therapist and with the seminar leaders.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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