

APU PACHATUSAN AND APU MACCHU PICCHU THE HEALER'S JOURNEY

Join us for an exciting and amazing trip to **Apu Pachatusan** and **Apu Macchu Picchu**, two of the most famous sacred mountains outside of **Cuzco**, the ancient capital of the Incas. The purpose of this journey will be to come into a loving and reciprocal relationship with the sacred altar sites of Cuzco, and with Apu Macchu Picchu and with **Apu Pachatusan, the Apu of the Healer**.

In Quechua, the ancient language of South America, the word **Pachatusan** means "the axis upon which the world turns" and the Apu itself is renowned for its healing energies and healing waters. Accompanying us will be one of the most famous shamans of southern Peru, **Don Martin Pinedo**, nicknamed the **Condor of Huasao**, for his healing gift which comes through the eyes and the wings of the most sacred bird of the Andes, the majestic Condor.

The pilgrimage to Apu Pachatusan will culminate with an **initiation ceremony (Karpay)** done by Don Martin at the top of the mountain itself. The trip will take place **July 26th-August 5th, 2008**, and the **itinerary** is as follows:

Day 1 USA-Lima-Cuzco Arrival in Lima from the USA with a connecting early morning flight to Cuzco. Airport reception and transfer to the San Augustin Hotel. Afternoon trip to the shamans' market and walking tour.

Day 2 Sacred Altars of Cuzco Sacchasayhuaman and Llanlacuyoc for cleansing. Afternoon trip to the famous market at Pisac and overnight in Pisac at the Royal Inca Hotel.

Day 3 Morning ceremony in Pisac at the Temple of the Falcon, then transfer to the Sacred Valley and the San Augustin Monasterio Hotel Urubamba. Overnight in Urubamba.

Day 4 Trip to the Earth Temple at Marais for work with the feminine energy, then a trip to the **Temple of the Moon at Quillarumayoc** with ceremony. Overnight in Urubamba.

Day 5 Early morning train to Macchu Picchu with shamanic tour and ceremony there. Overnight at the Hotel El Presidente in Aguas Calientes.

Day 6 Full day in Macchu Picchu for personal time or hiking to places of power. Overnight in Aguas Calientes.

Day 7 Morning train to Ollantaytambo for walking tour and ceremony, then transfer to Cuzco. Free day to explore Cuzco and prepare for our trip to Apu Pachatusan, the Healer's mountain.

Day 8 Journey to the village of Huasao to begin our hike with Don Martin to the sacred mountain, Apu Pachatusan. Camping overnight at Pucacocha, the Red Lagoon.

Day 9 Hike to the top of Apu Pachatusan with despacho ceremony and **Karpay initiation by Don Martin**. Return after lunch to Huasao with evening reception at Don Martin's house.

Day 10 Free day in Cuzco to shop and explore. Overnight at the Royal Inca Hotel.

Day 11 Flight from Cuzco to Lima and evening overnight flight back to the USA.

WHAT IS INCLUDED:

- Hotels (Royal Inka and El Presidente) with breakfast
- All private transportation
- All entrance fees
- All private transfers
- Camping equipment (except for sleeping bag)
- Cooking staff
- Horses and wranglers
- 2 days with entrance fees and bus and guides in Macchu Picchu
- Vistadome train to Macchu Picchu roundtrip
- All meals included in camping plus reception at Don Martin's house.



NOT INCLUDED: Airfair, international and domestic; other meals (lunch & dinner); tips; extras such as shopping; sleeping bag; Shamans salary.

The price for this is **\$2550** for double occupancy, **\$310** extra for single accommodation.

A minimum of 7 people is required for the trip to take place.

Due to the rigorous nature of this journey, a certain amount of emotional maturity and physical fitness will be required.

Participants must be capable of riding a horse at a walk up and down steep hills and of hiking hills on foot with a daypack.

Participants will also be at the discretion of the trip leaders. Prices and itinerary are subject to change due to availability.

Dr. Michael Verrilli, DO, 16 Center Street, Suite 523, Northampton, MA 01060 • (413) 584-5921

**The Shaman's Path
Trip Reservation Form
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To reserve a space on this trip, please complete the following form and mail it, along with your \$500 deposit or full payment and your signed and witnessed Liability Release Agreement to Dr. Michael Verrilli DO, 16 Center St. Suite 523, Northampton, MA 01060. **No spaces are held without receipt of deposit and release form.** For questions or additional information please call 1-413-584-5921 or email apuausangate@hotmail.com. The check or money order should be made out to: Dr. Michael Verrilli DO. Payment by credit card is available with a 3.5% surcharge.

Trip Name & Date _____

Personal Information:

Name (as it appears on passport) _____

Sex _____ Marital Status _____ Height _____ Weight _____ Age _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Business Phone _____ Cell Phone _____

Fax _____ Email _____

Date of Birth _____ Nationality _____

Credit Card Payment: Credit Card MC / Visa # _____ Expiration Date _____

Billing Address if different from home, include zip code _____

3 digit security number on back of card _____

Signature _____

Emergency Contact:

Name _____

Address _____ Phone _____

Relationship _____ Email _____

Document Information:

Citizenship _____ Passport Number _____ Expiration Date _____

Visa (if applicable) _____

Airline Flight Information: Include here or mail your flight itinerary to Dr. Michael Verrilli DO, 16 Center St. Suite 523, Northampton, MA 01060 or email to apuausangate@hotmail.com as soon as you have obtained it.

Payment schedule: Deposit with Registration \$500
April 30, 2008 \$1,200
June 1, 2008 \$850

The Shaman's Path
Trip Reservation Form
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FITNESS BACKGROUND - Please describe your current exercise routine:

Please check the one that applies to your current fitness level:

Very Athletic
Above Average Fitness
Average Fitness
Below Average Fitness
Sedentary

MEDICAL BACKGROUND - Please Check if you currently or have had any of the following:

Asthma
Heart Problems / Surgery
Arthritis
Diabetes
High Blood Pressure

Please provide details if you checked any of the above:

Do you have any medical conditions or physical limitations that would keep you from physical activity such as hiking? If so please explain:

Are you currently on any prescription medications? If so please indicate what type and what it is for?

Have you had any type of surgery in the past 12 months? If so please describe what type and when.

Please include any other pertinent health information.

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The Shaman's Path Expeditions

RESPONSIBILITIES AS A PARTICIPANT

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Each participant must take responsibility for his or her own actions during the trip. The Shaman's Path trip facilitators can only make suggestions and recommendations. Please read these recommendations carefully prior to joining us on any trip.

WATER

The tap water anywhere out of the country contains different bacteria than the water in the United States. Our bodies are not accustomed to this. **Drinking the water can make you sick.** There will always be bottled water available to you during the trip. In the mountains, we will provide our own cook who will boil all the water so that it is safe to consume. Don't forget to avoid ice with your drinks (even on the plane in and out of the country).

FOOD

Fresh fruits and vegetables are often washed in water before they are served. Therefore, we recommend that you avoid **all** fresh fruits and vegetables unless you peel it yourself. There will be times when we are in a restaurant or someone's home and these foods are served. It may be safe to eat, but our recommendation is to avoid it.

STAYING HEALTHY

"Boil it, wash it, peel it - or forget it," is perfect advice for your stay in another country.

The suggestions included the following (if you want to avoid unnecessary illness):

- Do not drink unbottled water.
- Do not drink fruit juices.
- Do not brush your teeth in tap water.
- Do not eat uncooked fruits, vegetables, salads, or any uncooked foods unless you peel them yourself.

If you should get sick, please be very careful not to take the wrong medicines or to overuse medicines. Let the trip facilitators know that you are taking a medicine prior to actually starting to take it.

SHOTS

The Shaman's Path Expedition cannot recommend any vaccinations or medications for you to take. Please consult your own physician regarding this matter. In addition to seeing your own physician, you may consult any international airport or the Center for Disease Control and Prevention in Atlanta, Georgia (404-332-4565) for suggestions on recommended vaccinations and medications for traveling out of the country.

RISKS

You should be fully aware of the risks involved with the trip (see the release form). As a participant, you must take responsibility for your own actions and decisions. Everything during the trip is optional and you may choose not to participate in any aspect of it. Please consider each activity carefully and recognize the risks involved as well as your own personal responsibility for the consequences. If at any time during the trip you decide not to participate, please talk to the trip facilitator and if possible an alternate activity will be made available.

Preparing for the trip – Your journey is an adventure into self-discovery, as well as an expedition through some of the most spectacular lands in the world. It will be enhanced by a little pre-trip preparation. We recommend spending some time in reflection to focus your intention, open your heart and mind and release expectations. An intention allows for all possibilities of manifestation, a goal or expectation limits them.

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The Shaman's Path Expeditions

Terms and Conditions

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Reservations and Payments: No reservation is confirmed until receipt of \$500 deposit, registration and Liability Release Agreement are received by Dr. Michael Verrilli, DO, at 16 Center Street, Suite 523, Northampton, MA 01060. All prices are based on cash/check/money order made out to Dr. Michael Verrilli, D. **Credit cards VISA and MC are accepted and incur a 3.5% surcharge.** The **balance is due by June 1, 2008.** In the event the balance is not received by June 15, 2008, there will be a \$200 late charge added. This is a firm policy. Please note that monies need to be wired out of the country with ample time to secure all reservations and accommodations.

Cancellation/Refund Policy: All reservations and cancellations are accepted in writing only. \$200 is non-refundable. 100% of deposit, less the \$200 non-refundable, is refunded within 90 days of departure. There is no refund for cancellations 90 days or less. In the case of cancellation by The Shamans Path Expeditions at any time prior to the trip, 100% of all payments are refundable, less \$50 processing fee and credit card surcharges. **Note** The Shamans Path Expeditions is **not liable** for any additional expenses incurred if the trip is cancelled (see insurance below).

Travel Insurance: NOT PROVIDED AS PART OF TRIP. RECOMMENDED that participants purchase health, medical, life accident/death, travel and cancellation insurance. Please arrange this through your local insurance agent. Since we are unable to reimburse payments, other than as indicated above, insurance may provide invaluable protection in case you need to cancel for any reason. This also will cover you if the organizers cancel the trip. Travel insurance will usually cover the cost of your tickets and any deposits made for the trip with other options available. It also may be useful in the case of sickness or injury during the trip. A minimum of 7 participants are needed to run the trip.

Not Included in the Price: Exit tax fees (approximately \$35), telephone, wine, beer and other liquor, incidental food and beverages bought on the road or at non-meal times, personal purchases, individual healings with the shamans. Airfare arriving to the trip destination, expenses incurred because participants missed flights, etc. Upgrades for single lodging (Lodging is normally double, at times triple, occupancy).

Money: It is recommended that participants bring a minimum of \$350 to cover items listed above. Peru is on American currency. Bring more if you like to shop. Try to bring small bills, \$20 or lower.

Medical Advice: Participants must consult with their own physician regarding vaccinations and other medical matters. This is essential.

Documents: Participants must have a current Passport, which is valid for at least six months following your return, two current passport size photographs for legal documents, a photocopy of the page in your passport with your photograph. It is recommended that you carry an extra copy of this passport photocopy someplace other than with your passport, in case you lose your passport. A visa may be required for some nationalities, such as some British Commonwealth countries. Please consult your national authorities.

Schedules/Flights: Itineraries, schedules and programs are subject to change at any time. trips may be canceled and facilitators changed at anytime prior to departure by the organizers; payments made will be refunded in the event that the organizers cancel the trip. **Arrival in Peru** please make sure you arrive in Cuzco at the designated group time, **this is by noon of the first day of the trip unless otherwise noted.** Be sure to give yourself plenty of time for connections if necessary. **Be sure to keep the customs form that is returned to you in Cuzco,** you will need this for departure. If you desire to arrive early in Peru we can help you with arrangements. **All trips finish on the morning of the last day of the trip.** Transfer to the airport can be arranged.

Further Information; Contact
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The Shaman's Path & Frontier Expeditions
Liability of Release and Assumption of Risk
This form must be signed, witnessed, and returned with registration
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I will be traveling with and attending trips and seminars conducted by Dr. Michael Verrilli/The Shaman's Path, in cooperation with Frontier Expeditions. This trip will take me out of the United States into various countries as described in a specific trip program i.e., Peru, as part of The Shaman's Path teaching. I understand that these trips may include but are not limited to shamanic journeying, altered states of consciousness, healings by shamans, trance and out-of-body experiences, traveling in high altitudes, hiking, mountain climbing, travel by car, boat, automobile, bus or other conveyances and that I will be taking physical, emotional, psychological, and other risks that may result in serious or fatal physical, emotional or mental injury. I accept complete responsibility for all such risks and dangers. I do not hold Dr. Michael Verrilli/The Shaman's Path or Frontier Expeditions, its stockholders, officers, directors, employees, consultants, and the trip leaders, (herein after referred to collectively as "Facilitators") responsible or liable in any way for any damages, injuries, diseases or problems that result or may result directly or indirectly from the trips or from any other experiences or aspects of the trip. That includes but is not limited to any and all damages prior to, during, or subsequent to said trips. All activities that are described as optional to the participants are not offered as part of the trip but are often offered by the communities and shaman that we will visit. The trip facilitators do not encourage these activities and it is at the sole discretion of the participant if they chose to participate. The Facilitators shall not be legally nor financially responsible to any tour member in the event of cancellation of all or part of any tour due to acts of nature, government actions, civil unrest or hostilities, acts of terrorism, or for the default of any tour operator, travel supplier, process facilitator, speaker, medicine person, acts of God and any other events beyond their control. In addition, the Facilitators reserve the right to modify or withdraw any tour arrangements when deemed necessary for the best interest of the tour members. The right is also reserved to decline to accept or retain any person in the participation of any of the scheduled activities. The Facilitators recommend the purchase, by each tour member, of appropriate travel accident insurance, baggage insurance, tour operator/carrier default protection insurance, trip cancellation insurance, health and life insurance, and possible vaccinations when deemed necessary. The Facilitators are not responsible for any of the above mentioned items.

I understand that the Facilitators are responsible for making certain arrangements prior to departing on the trip and for the trips themselves and that they may work with and assist local out of country organizers and organizations throughout the trip, but that they are not responsible for any aspects of the trip other than the trips, either prior to or following the trips. The out of country trip, including all transportation, lodging, food, water and work of the local people and institutions, is the responsibility of Local out of country organizations/guide service. I understand that said trip will take me to places far removed from hospitals, doctors, and other facilities that there are numerous risks and dangers involved in this trip. I hereby agree that I, my heirs, legal representatives, or any members my family will not make any claim against or sue the Facilitators (either individually or collectively) their heirs, legal representatives, or members of their families, for bodily injury, death, psychological, emotional, or property damage resulting from my participation in said trip. I hereby release and discharge the Facilitators forever from any liability that may arise from my participation in said trip. Said discharge of the Facilitators include any and all liability that may arise out of any negligence or carelessness on the part of any and all individuals to include out of country or other foreign nationals or organizations, travel agencies, other participants, authorities, hospital, doctors, all parties involved in providing goods and services associated with the trip. In signing this agreement I also state that I have disclosed any and all medical conditions on my registration from that are pertinent to participating in the physical aspects of the trip. If I have any concerns about the effect that this tour might have on my physical, mental, or emotional condition, I understand that it is recommended that I consult a licensed physician or psychotherapist prior to participating in this tour.

I have read and agree to these terms and conditions. Dr. Michael Verrilli/The Shaman's Path and Frontier Expeditions rely on this release in allowing me to participate in these activities.

Signature: _____ **Date:** _____

Name (Please Print) _____

Witness:

Signature: _____ **Date:** _____

Name (Please Print) _____

Run as a program of - The Shaman's Path

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