

INSCRIPTION FORM Beauty Kit Female Farm Online Workshop March 2021

Offered online from radical_house Brussels

In order for you to inscribe in the online workshop and to assure a pleasant experience we kindly ask you to please:

Provide the registration information, fill in the workshop questionnaire, sign in the participation agreement, all of which you find here under. And then send this inscription form back to Isabel Burr Raty, artist & creator of Beauty Kit eco erogenous Para-pharmaceutics: isabelburr.raty@sacrofilms.com, or any co-producer involved from whom you received the invitation to participate.

REGISTRATION INFORMATION

Date:

Name:

Date & place of birth:

Nationality:

Occupation:

Address:

QUESTIONNAIRE

The intention of this questionnaire is to gather information that we need in order to: provide the workshop activities with personalized care, to prepare the working tools that will be provided for you in the Farming Kit (such as the containers used for the fluids harvests). The information here provided is confidential.

I. Female cycle

Please inform what cycle of the female body are you currently in:

Fertile _ / Peri menopause _ / Early menopause _ / Menopause _ / Post menopause _

II. Menstruation cycle

1. If you are in your fertility cycle could you please specify:

A) The regularity of your menstruation?

Regular _ / Irregular _

B) Your type of menstrual flow?

Light _ / Medium _ / Regular _ / Heavy _ / Very heavy _ / Extremely heavy _

C) Do you keep track of your menstruation cycle? If so would you please specify the date of the first day of your last menstruation?

2. When you are menstruating or when you were menstruating, do you or did you use:

- Menstrual cup _ **please specify the size** Small _ / Medium _ / Large _

Please specify if you have your own menstrual cup? Yes _ No _

- Tampon _ **please specify the size** Small _ / Medium _ / Large _ - Pads _ / Cotton pads _ / Other _ (please specify)

III. Contraception method and/or hormonal treatment

1. Do you use: Hormonal contraception method _ / Intrauterine device (IUD)_ Tubal ligation _ / Other _ (please specify) _____

2. Are you under any hormonal treatment?

Yes _ please specify which and for what purposes _____

No _

IV. Female organs

1. Is there something in particular about your female organs' anatomy and/or health that you would like to share?

V. STD / STI

1. Do you presently have any kind of STD / STI? If yes please specify which one and if you are under any kind of allopath or holistic or other treatment?

VI. Other aspects

1. Do you have any allergies to latex, silicone, cotton, wood, wool or other material that we should be aware of?

PARTICIPATION AGREEMENT

By signing this document, you agree to voluntarily take part of the Beauty Kit Female Farm online workshop, between Sunday 14th and Friday 19th of March 2021 everyday from 19:00 to 22:00 CET (UTC+1).

1.PARTICIPATION

1.1. I agree to take part in the workshop, respect the schedule, the character of the activities and to safeguard the facilities provided by the *BK*.

1.2. I agree to voluntarily contribute for the production of the *BK* beauty & wellbeing bio-products by donating my female fluids.

2.CONFIDENTIALITY

2.1. I agree to fill in the workshop questionnaire and I understand that the information I provide in the questionnaire is of total confidentiality between me Isabel Burr Raty (Beauty Kit director), and therefore will not be made public without my specific consent.

3. DISSEMINATION & CREDITS

3.1. I agree that the *BK* beauty bio-products manufactured with my female fluids may be displayed by Isabel Burr Raty through different *BK* channels, such as: *BK Spa & BK Shop* interactive installations, *BK* webpage, etc.

3.2. I agree that the bio-products to be manufactured with my fluids may be used by and or offered and or sold to the public as part of the self-sustainable research aspect of this project.

3.3. I agree to credit the source in the fabrication of my own beauty bio-products.

5. OWN RISK

5.1. I assume my participation in the workshop at my own risk, therefore my psychological and/or physical stability is my individual responsibility.

5.2. I understand that the use of any beauty bio-products manufactured with my female fluids, according to the methodology and techniques of *BK*, is at my own risk and any secondary subjects involved.

Name:

Date:

Signature: