

Abundant Life Massage, Inc.
Course Registration Form

Full Name: _____ DOB: _____

Name as you would like it to appear on your certificate of completion:
(ex. Jenifer Funk, LMT) _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ (H), _____ (C), _____ (W)

Email: * _____

Preferred Method of Contact: _____ Primary Phone _____ Email*

Occupation: _____

Would you like to be kept current on classes offered at Abundant Life Massage via email?*

____ Yes ____ No, thank you

Name of class(es) for which you are registering:

____ Hydrotherapy for the LMT _____ More Clients Monday
____ Raindrop Technique for the LMT _____ Oncology Massage
____ Ethics of Touch for the LMT _____ Stone Massage
____ Florida Massage Laws/Rule _____ Rejuvenate/Renew Your Practice

____ Intro to Canine Massage _____ Couples Massage I
____ Intermediate Canine Massage _____ Couples Massage II
____ Adv./Cert. Canine Massage Therapist (75/100 hours) _____ Couples Massage III
 ____ Module 1 _____ Module 2 _____ Module 3 _____ Expecting Couples Massage

Date of 1st Class: _____ Amount Included*: _____

*We prefer checks made out to Abundant Life Massage as payment, however if you are paying with cash, please bring it with you to the first class.

**We do NOT sell or share your email with anyone, EVER, and you may ask to be removed from our emailing list at any time.

(please turn the page over)



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the (enter class name) _____ class, (hereinafter referred to as "Class") I hereby release, waive, discharge and covenant not to sue Abundant Life Massage, Inc., its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Class, or while in, on or upon the premises where the Class is being conducted, while in transit to or from the premises, or in any place or places connected with the Class.

2. I am fully aware of risks and hazards connected with being on the premises and participating in the Class, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Class, and I hereby elect to voluntarily participate in the Class, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Class, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Class, whether caused by the negligence of any or all of the releasees, or otherwise.

4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I am at least eighteen (18) years of age and fully competent; and
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal this ____ day of _____, _____

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name: _____





665 S. Orange Avenue, Suite 6 • Sarasota, FL 34236
941-554-6789 • www.AbundantLifeMassage.com



665 S. Orange Avenue, Suite 6 • Sarasota, FL 34236
941-554-6789 • www.AbundantLifeMassage.com