

REGISTRATION FORM: The Fascial Connection To Restore Movement

Location: Vaughan, ON

Date: May 11-12, 2018

Early Bird price: \$695 + HST (**\$785.35** including HST) - before 03/30/2018

Standard price: \$765 + HST (**\$864.45** including HST) - after 03/30/2018

Name: _____

Employer: _____

Billing Address: _____

(Street) _____ (City)

(Postal code) _____ (Province)

Email: _____ @ _____

Business Phone () _____

Cell Phone () _____

Credit card: MC VISA **(a 3% surcharge will be added if paying by credit card)**

Number: _____

Expiry Date: _____ CEC (3-digit # on back of card): _____

Card holder name: _____

Signature: _____

If paying by cheque, please make cheque payable to Pelvic Health Solutions and mail to:

Pelvic Health Solutions

31 Dairy Lane, Unit 307 / Huntsville, ON / P1H 2L7

Fax: 888-653-4533 / Email: info@pelvichealthsolutions.ca

For post-dated cheques, please make sure the date is at least 1 month prior to the course

We reserve the right to change a course location if required
Please visit our website to view our course policies

LIABILITY WAIVER FORM

Course name: _____

Course date: _____

Registrants name: _____

Phone # (Cell) _____ (Bus) _____

Email: _____

Employer: _____

Address: _____
(Street)

(City) (Province) (Postal Code)

CONSENT AND WAIVER FORM:

This course contains lectures, discussion, demonstrations and practical sessions where you could be asked to act as a model for the instructor, assistant or for fellow participants during the course. The instructor, assistant or fellow participant may or may not be licensed. Acting as a model could involve following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, including acting as a model for demonstrations and practical sessions, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release Nelly Faghani and Carolyn Vandyken, as well as all employees of Pelvic Health Solutions, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course.

I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

(Participant's Signature)

(Date)

AUDIO FILE LICENSE AGREEMENT

As part of the course material, you will be receiving an audio file which you can distribute to your patients free of charge. This tool is not meant to be the only tool that you will use in your biopsychosocial toolkit, but it gives you some tools to start developing it.

TO: *Guided Therapeutic Exercise (Hereafter referred to as G.T.E.)*

RE: License and Use of Audio Files

I, _____, hereby acknowledge and agree as follows:

1. G.T.E. has granted me permission to access and make available to my patients certain audio tracks, being Sitting Body Map 1, Sitting Body Map 2, Standing Body Map 1 & 2, Supine Body Map 1 (collectively, "Tracks"), which Tracks may be sent electronically using Adobe Send and/or WeTransfer, or copied onto a CD for the patient's use.
2. The license granted is a limited, non-transferable, non-exclusive right to use the Tracks within my scope of patient work and provide the Tracks to my patients for their personal use and treatment, and I acknowledge that I shall not at any time use the Tracks for any other purpose whatsoever, nor make the Tracks available to any other party, including other patients in my clinic unless a group license package has been purchased from G.T.E.
3. G.T.E. has developed and owns all right, title and interest in and to the Tracks (as may be amended from time to time), including all intellectual property rights in the Tracks and any and all related material and documentation, and I acquire no right whatsoever in the Tracks as a result of the license to use granted by G.T.E. A copyright acknowledgement, included at the beginning of each Track, is binding on any party that uses the Tracks, and I will ensure my patients are aware of the license being granted for their use of the Tracks, and will notify G.T.E. immediately if I become aware of any violation or breach of the terms of the use of the Tracks by any party.
4. This Agreement shall ensure to the benefit of my successors and assigns, and shall be governed by the laws of the Province of Ontario and laws of Canada, as applicable.

DATED at _____, Ontario, this _____ day of _____, 201__.

Guided Therapeutic Exercise

www.guidedtherapeuticexercise.com

guidedtherapeuticexercise@gmail.com

1. Name of Therapist receiving the audio file:

2. Signature:
