

Goldeen MFR - Classes and Workshops

In order to participate in any class or workshop @ The Goldeen MFR Studio all participants must fill out the information below and sign the liability release form. **Please include a contact in case of emergency name and number**

Please Print

Participant's Name : _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ Best Contact Phone # _____

Emergency Contact #: _____ Name: _____

Relationship: _____

PLEASE CHECK THE SPACE BEHIND EACH CLASS YOU WISH TO PARTICIPATE IN

_____ **Skill Enhancement** - 3/14 & 3/15

_____ **Intro to MFR** - 5/16 & 5/17

_____ **Thoracic / Cervical Spine** 6/13 & 6/14

_____ **Lumbar Spine & Pelvis** 7/18 & 7/19

_____ **Adv. MFR Somatic Release** 8/15 & 8/16

How did you hear of Class: _____

Are you taking the class for ongoing education credit? _____

LIABILITY RELEASE - Please read carefully

I fully understand that my participation in the named activity exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks. I hereby release, discharge and agree not to sue David Goldeen, his officers, employees, agents, and contractors for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of David Goldeen or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless David Goldeen from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class. This form will act as a medical release in case of an emergency. I understand that by participating in this activity that I am giving consent for images of myself to be used for promotional purposes by Goldeen MFR. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Signature: _____

Date: _____

Participants will receive email notification regarding changes to class schedule, upcoming classes and workshops, as well as links to other events. If you wish not to be on the mailing list please initial here. _____, Please do not mail announcements and links to me.

If you wish to opt out from having photographs of you used in marketing materials please initial here _____.

Goldeen MFR - Sustainable Pain Relief
Healing under the Oaks
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