

**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**

Participant's

Name : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Best Contact Phone# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Skill Enhancement

\_\_\_\_\_ Intro to MFR

\_\_\_\_\_ Thoracic / Cervical Spine

\_\_\_\_\_ Lumbar Spine & Pelvis

\_\_\_\_\_ Adv. MFR Somatic Release

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 Teaching Series

David Goldeen LMT, BCTMB

480-787-1897

8028 E. Whitton Ave

Scottsdale, AZ 85251