

## **Goldeen MFR - Classes and Workshops**

In order to participate in any class or workshops sponsored by Goldeen MFR Teaching Series all participants must fill out the information below, sign the Release of Liability form and return to Goldeen MFR via mail or email.

**Please include a contact in case of emergency including name and number and relationship**

**Please Print**

Participant's Name : \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Best Contact Phone # \_\_\_\_\_

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

Circle the class for which you are registering:

- Intro to MFR
- Thoracic/Cervical Spine
- Lumbar Spine
- Skill Enhancement
- Advance MFR/ Somatic Release

Location \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about Goldeen MFR Teaching Series Classes?

\_\_\_\_\_

Will you be requesting massage therapy CEUs : Yes \_\_\_\_\_ No \_\_\_\_\_

Name and professional credentials as you wish it to appear on your certificate:

\_\_\_\_\_

The class the syllabus and handout materials, class location specifics, accommodation recommendations and any other information pertaining to your class will be emailed to you, upon RSVP on Meetup, completing and returning this form. If you do not receive that email, contact [goldeenmfr@me.com](mailto:goldeenmfr@me.com)/480-787-1897, ASAP.

Please carefully review this document. Acknowledge and agree by signing the last page.  
**Upon completion email it to [goldeenmfr@me.com](mailto:goldeenmfr@me.com)**

**LIABILITY RELEASE - Please read carefully**

- I fully understand that my participation in the named activity above potentially exposes me to the risk of personal injury. If I am bringing my massage table, class partners will be working with it as well. Goldeen MFR Teaching Series/ David Goldeen assumes no liability in the event of any damage happening to your table or other personal property.
- 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.
- Further, I understand that this class is for educational purposes. My use of this information, techniques and skills are solely my responsibility within my practice. It is entirely my responsibility to be aware of the limitations of my scope of practice. Goldeen MFR Teaching Series and David Goldeen are not responsible or liable for any negative outcome that may arise from my use of this training.
- 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 across a wide variety of platforms including social media.

\_\_\_\_\_ *Please initial.*

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Participants will receive email notification regarding changes to class schedule, upcoming classes, as well as links to other events.*

*If you wish not to be on the mailing list please initial here. \_\_\_\_\_.*

**Goldeen MFR Teaching Series Classes & Workshops**

**David Goldeen LMT, BCTMB  
NCBTMB Ongoing Educational Credits Provider # 230  
480-787-1897  
8020 E. Whitton Ave. Scottsdale, AZ 85251**

*Enrollment/Release of Liability Revised 2/2019*