

ULTIMATE SIX CLINICS

Trigger Point Technologies, LLC 7801 N. Lamar Suite C65
Austin, TX - Tel: 888.312.2557 / 512.300.2804 - Fax 270-682-6586
www.tptherapy.com

Registration Form

Full Name:

Street Address:

City:

State:

Zip:

Phone 1:

Phone 2:

e-mail:

Occupation:

Company Name:

Trigger Point certification you are registering for:

Ultimate Six

\$350.00

U6 Class Location:

U6 Class Date:

Ways To Register:

a.) E-Mail: completed registration form to jessica@tptherapy.com

b.) Phone: 888.312.2257 toll free
512.300.2804 outside the U.S.

c.) Mail: completed registration form with your check, or credit card information to:

Trigger Point Technologies
7801 N Lamar Blvd. Suite C65
Austin, TX 78752

d.) Fax: completed registration form to Jessica Phillips at 270.682.6586

Payment Method:

Check

MasterCard

Visa

Credit Card #

Exp. Date:

Print card holder's name as it appears on credit card:

Card Holder Signature Date:

Checks should be made payable to Trigger Point Technologies

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Are you currently under a physicians care?

NO YES -- if yes, please explain:

Physician name:

Emergency contact name:

Phone#:

Health History - check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> spinal surgeries / disorders | <input type="checkbox"/> muscle/joint pain | <input type="checkbox"/> muscle / bone injuries |
| <input type="checkbox"/> high / low blood pressure | <input type="checkbox"/> diabetes prosthesis | <input type="checkbox"/> sprains / strains |
| <input type="checkbox"/> asthma / lung problems | <input type="checkbox"/> pregnancies | |
| <input type="checkbox"/> cesarians -- if yes to cesarians, please list dates | | |

Current Health

Are you pregnant now?

NO YES -- If yes, how many weeks? _____ weeks

Please list all medications and any supplements you are taking:

Do you have any medical / health conditions which will prevent your full participation in the class / workshop that you are registering for? If yes, please explain:

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Agreement of Release and Waiver of Liability

Please read, sign and return this waiver along with the registration form.

I, _____, hereby agree to the following:

- 1) That I am participating in a Trigger Point Technologies (TPT) certification program offered by Trigger Point Technologies, LLC., during which I will receive information and instruction about TPT. I recognize that this fitness and therapy program involves physical contact and requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the TPT training classes or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation.
- 3) In consideration for being permitted to participate in TPT training classes or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown which I might incur as a result of participating in the program.
- 4) I understand that I have the right and duty to inspect the facilities and equipment to be used and if I believe that anything is unsafe or beyond my capability I will immediately advise the instructor or supervisor of such condition(s) and refuse to participate.
- 5) In further consideration of being permitted to participate in TPT training classes, programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Trigger Point Technologies, LLC., its officers, instructors or employees for injury or damages that I may sustain as a result of participating in the program.
- 6) I, my heirs or legal representatives foreseeer release, waive, discharge, and covenant not to sue Trigger Point Technologies, LLC. its officers, instructors or employees for any injury or death caused by their negligence or other acts.
I have read the above release and waiver of liability and fully understand its contents as well as the Refund/Cancellation Policies. I voluntarily agree to the terms and conditions stated above.

Cancellation policy: Must notify at least 5 business days before the 1st day of class to get a full refund. Less than 5 days notification and \$50 will be charged to cover costs.

Signature: _____ Date: _____

Please print your name: _____