

Meridian Therapy Institute Course Registration Checklist and Informed Consent form

Please read all of our Registration Policies and Procedures and sign the following page to confirm your acceptance and understanding.

Certificates of Completion are remitted to Participants who have successfully completed an entire seminar day or course. Certificates are remitted only at the end of a seminar or course

We require a minimum confirmed attendance by the course registration date. A seminar might be postponed if we have insufficient Participants

We will advise registered Participants within one week prior to a scheduled seminar if it will be rescheduled due to insufficient registration. The seminar will be rescheduled within 3 months of the original date.

Practitioners, who register for a seminar, cannot de-register and request refunds unless valid medical reasons along with documentation is given.

Practitioners who registered and paid, then cannot participate for personal medical emergency, can receive a credit to be applied to future seminars

If a Practitioner who previously registered for a course or seminar that is postponed no longer wishes to participate in the course or seminar at its rescheduled time, they can apply for a refund. The refund will be issued with 10% charge to cover the cost

The Meridian Therapy Institute is not responsible for lost or damaged personal items arising from participation in any seminar. We are also not responsible for claim of personal injury resulting from participation in a seminar.

We reserve the right to ask any participant who is repeatedly engaging in behavior that is disruptive, disrespectful to the Instructor, upsetting to other participants, or not in harmony with the purpose of the group to leave the course/seminar.

Participants who are asked to leave will be reimbursed the amount proportional to the balance of the time of the course or seminars they will miss. Our Instructors reserve the right to ask a disruptive participant to leave at their discretion.

Waiver of Liability and Informed Consent Release Form

Please tell your therapist/partner if you are feeling uncomfortable at any time during the session.

This work is meant for educational purposes. It is not intended to heal, treat, or change any condition.

I hereby consent to the administration of

- Acupressure**
- Meridian Therapy**
- Cupping**
- Direct Moxibustion**

performed by a participant, instructor, and teaching assistant in this course. I accept and recognize that although changes may occur as a result of treatment I am fully responsible to manage and monitor them.

I understand that the treatment should be gentle, and that if I am uncomfortable with any or all parts of the treatment, it is my express right to withdraw consent or change the treatment at any time. I understand that it is my responsibility to inform the practitioner if the pressure is uncomfortable, or causing any side effects.

I expressly assume all risk of my participation in demonstrations being and practice conducted by all practitioners, students, instructors and teaching assistants in this course, and waive any claim I may have against the premises, its owners or practitioners as a result of injuries from or relating to any participation in a treatment or demonstration.

Participants Name (print)

Date

Signature

e-mail
