



Certification Class ENROLLMENT FORM

Name _____ Date of Birth ___/___/___
Address _____
City _____ State _____ Zip _____
Telephone (____) ____-____ Cell (____) ____-____ Male Female
Email _____ Class date ___/___/___
Emergency contact _____
Relationship to applicant _____

EMPLOYMENT HISTORY - please give information about current job

Current occupation _____
Title _____

EDUCATIONAL HISTORY – please list schools, colleges, training courses

Are you a Licensed Human Massage Therapist? _____

EQUINE EXPERIENCE – please describe your background with horses

Do you have a horse Yes No Breed _____

Are you currently riding or competing Yes No

What discipline _____

Do you have any therapeutic experience with horses _____

Please list any clubs or organizations of which you are a member _____

SAFETY & HEALTH – This course is physically and mentally strenuous (standing and sitting for long hours, travel to various locations, holding heavy horse limbs, reading, studying, testing, etc.) Do you have any physical limitations or special learning needs? If so, describe fully _____

Do you suffer from allergies Yes No (list)_____

Do you presently have health insurance? List carrier, policy number and name/phone of physician to contact in case of emergency _____

Have you ever had bodywork? (Chiropractic, Massage, Acupressure, etc.) _____

**** NOTE:** Due to strict safety and liability reasons of Therasage EMC and host facilities, if you are pregnant at the time of the selected class you will be required to attend a class at a later date.

Please check the box that you have read this information and understand the requirement.

TUITION & PAYMENT – The total cost of tuition is \$1200.00. A \$300.00 registration fee is due at the time of enrollment which is non-refundable if the student cancels or is a no-show. A balance of \$900.00 is due on the first day of class. The cost includes books and handouts. Due to the educational aspect and proprietary information associated with Therasage EMC class materials and instruction, there is **NO REFUND** for anyone who has attended any class or portion of a class. 100% attendance is required for a Certificate to be issued.

Please check the box that you understand our refund policy.

Please make a check payable to Therasage EMC and mail your enrollment form to:

**Therasage E.M.C.
PO Box 2223
Janesville, WI 53547**

SIGNED CONSENT

- I certify that I am in good health, have equine handling experience, and am fully capable of participating in the Therasage Equine Massage Certification Program and that the information I have provided in this application is true and factual. If there is any question regarding horse handling experience, Therasage EMC has the right to ask the participant to leave and learn required handling skills before returning to complete the clinic. I acknowledge that horses and ponies are large, unpredictable, strong animals that can cause damage, injury, or even death and that in working on or around horses and ponies, I am accepting this risk, and agree to hold harmless Greg Gage, Therasage E.M.C. any instructor, and any barn, farm, ranch or horse/pony owner, or anyone else associated with this program.

Applicant's Signature

Date Signed