



Registration Form

Pain Management through Integrative Pain Therapy:

Presented by PIHMA Acupuncture College and American Holistic Nurses Association, Phoenix Network

Participant Information			
Name:			Credentials:
Address:			
City/St/Zip			
Home Ph:		Mobile Ph:	
Email:			

In Case of Emergency Contact			
Name:			
Address:			
Home Ph:		Mobile Ph:	

Program Information		
Indicate Seminar in which enrolling (check all that apply):	Cost:	Amount Due:
<input type="checkbox"/> Pain Management Through Integrative Pain Therapy:	\$39	
Total Amount Due:		

Payment	
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	Amount: _____
Check #: _____ (make checks payable to PIHMA Acupuncture)	
Credit Card #: _____	Exp Date: _____
Name on Card: _____	CCV: _____
Address (if different): _____	
I authorize PIHMA Acupuncture to Charge the above amount to my credit card and agree to all terms and conditions of registration and participation in the course(s) for which I am registered.	
Signature: _____	Date: _____

Complete Application and Return to:
PIHMA Acupuncture College, 301 E. Bethany Home Rd, A-100, Phoenix, AZ 85012
 Fax: (602) 274-1895 ♦ Phone: (602) 274-1885

Payment: Students are expected to make payment arrangements within five days of registration. Students can pay by cash, check, or credit card. All tuition and all fees must be paid by commencement of the seminar.

Cancellation and Refund Policy: If notice of cancellation is received within three days of commencement of the seminar a 100% refund of monies paid will be made. If cancellation is made after three days prior to commencement, student is entitled to a refund of all monies ***paid minus an administration fee of \$10.***

I, the undersigned, agree to conduct myself in a professional, courteous manner, while in class or at PIHMA. I agree to comply promptly and fully with the rules, regulations and policies of PIHMA as heretofore and hereafter announced or published by PIHMA. Failure to comply herewith or with any term of this agreement shall automatically terminate my right to attend further training. PIHMA reserves the right to change the curriculum, staff, and location as necessary, including the right to cancel or reschedule any class in which there are an insufficient number of students enrolled. My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signature: _____ Date: _____

RELEASE OF LIABILITY AND PHOTOGRAPH RELEASE WAIVER

I HEREBY CONSENT TO AND ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE ACTIVITY OR ACTIVITIES being presented by the Phoenix Institute of Herbal Medicine & Acupuncture, which may include acupuncture and its related tools, tai chi, qi gong, meditation, nutrition, acupressure, massage, and any other complementary and alternative modalities and represent that I am in sufficiently good health and condition and suffer from NO physical or mental impairment which would put me at risk of injury while receiving instruction from instructors and participating in exercises, demonstrations and activities. I specifically agree that the Phoenix Institute of Herbal Medicine & Acupuncture (PIHMA), its directors, officers, employees, volunteers, representatives, agents and the facilitator(s) of the classes I am participating in, shall not be liable for any claim, demand and cause of action of any kind resulting from or related to my use of the facilities or instruction provided.

I understand that I may choose to opt out of any activity at any time, and the responsibility is on me to do so.

I acknowledge that PIHMA and its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of PIHMA.

I acknowledge that this activity or event may involve physical activity, and may carry with it the potential for death, serious injury, and property loss. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I do hereby give PIHMA, its assigns, licensees, and legal representatives the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. Such likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed freely to the public and posted on the PIHMA website. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name (print): _____

Participant's Signature: _____ Date: _____