



A JOURNEY INTO UNDERSTANDING YOURSELF AND OTHERS

# WORKSHOP Enrollment Form

(please print)

Workshop Name \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_ H ↑ C

↑

Address \_\_\_\_\_ Phone \_\_\_\_\_ H ↑ C

↑

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Tuition \_\_\_\_\_ Payment method: check ↑ Credit Card ↑

Make checks payable and remit to: *M.C Insights, Inc.*

*16 Beech Drive, Maggie Valley, NC 28751*

Visa ↑ MasterCard ↑ Card Number

Expiration \_\_\_\_\_ Billing Address \_\_\_\_\_

### Informed Consent Agreement

I understand that this workshop is educational and NOT psychotherapy or a substitute for psychotherapy.

I understand that in addition to the benefits, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to myself during this workshop or inflicted by me during the workshop, and hereby release the instructors from any liability thereof.

I hereby authorize the instructors to take any reasonable steps on my behalf on the case of an accident, injury, or illness including, but not limited to, first aid, doctor, nurse and/or ambulance services, etc. I agree to be liable for the cost of any such actions taken on my behalf, and hereby release the instructors for any liability thereof.

### Refund Policy

After the workshop, if you are dissatisfied, your tuition will be refunded provided all of the following conditions have been met:

You have been in attendance the session of the workshop.

You have participated in all the exercises of the workshop.

You have met with the instructors.

You have submitted a request for a refund, stating the reasons for your dissatisfaction, within seven days of the

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I have read and understand this entire agreement and agree to these terms and conditions.

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