

Enrollment / Registration Form

Legal Name (Please print): _____

[Note: Your legal name, as it will be printed on your certificate]

Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Modality/Occupation _____ Are you in practice: _____

E-mail address: _____

Level of Bowen class you are attending: _____ Date(s): _____

Instructor: Peter Fuller

In consideration of the applicant's registration as an attendee at a class, seminar, workshop or demonstration of Peter Fuller and/or Complete Health Fitness, the applicant agrees that:

The applicant will not, without the prior written consent of Peter Fuller and/or Complete Health Fitness:

Reproduce, in any manner whatsoever, the whole or any part of the class materials;

Teach or hold themselves out as a teacher or demonstrator of Bowen therapy training or having any qualifications to teach or demonstrate that technique.

Should the applicant volunteer to participate in any practical demonstration at a class, seminar, workshop or demonstration, the applicant acknowledges that he/she does so with full knowledge of the potential effects for him/her and hereby expressly released the instructors, company, directors and attendees from any and all liability in respect of any personal injury, which might subsequently become evident.

The materials comprising or used in the class, workshop, seminar or demonstration, have not been prepared with any particular reader or user in mind, and therefore although the company and the directors believe that the advice and information therein is accurate and reliable, no warranty of accuracy, reliability or completeness is given and (except insofar as liability under any statute, cannot be excluded) no responsibility arising in any way for errors or omissions or negligence is accepted by the Company or any director, employee or agent of the company.

Applicants Signature: _____ Date: _____

Please mail completed Enrollment/Registration form along with payment and two (2) business cards to:

Peter Fuller <i>c/o Complete Health Fitness</i> P.O. BOX 2156 Citrus Heights, CA 95611-2156	Phone: (916) 704-7873 Fax: (916) 676-2847 www.CompleteHealthFitness.com
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NOTE:

Application Form (including payment in full) must be received by the timelines detailed below.

1. Early Registration Discount closes **60 days** prior to class start date.
2. Standard Registration closes **45 days** prior to class start date.
3. Late Registration closes **30 days** prior to class start date.
4. Registration, **less than 30 days** in advance of class start date **may be considered** on a case-by-case basis, at an increased price.