



**Bowen Technique Training with Jolean Parker
Registration Form**

Date _____

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Web Address _____

Occupation _____ No. of Years? _____

Level 1: Class Tuition \$500 plus \$95 materials fee; Deposit \$125; Class times: 8:30 a.m. to 5:00 p.m. Class Date: _____

Level 2: Class Tuition \$500 plus \$30 materials fee; Deposit \$125 Class times: 8:30 a.m. to 5:00 p.m. Class Date: _____

Level 3: Class Tuition \$500 plus \$30 materials fee; Deposit \$125 Class times: 8:30 a.m. to 5:00 p.m. Class Date: _____

Level 4: Class Tuition \$500 plus \$30 materials fee; Deposit \$125 Class times: 8:30 a.m. to 5:00 p.m. Class Date: _____

Level 5: Class Tuition \$500 plus \$30 materials fee; Deposit \$125 Class times: 8:30 a.m. to 5:00 p.m. Class Date: _____

Level 6: Class Tuition \$500 plus \$30 materials fee; Deposit \$125 Class times: 8:30 a.m. to 5:00 p.m. Class Date: _____

**Level 7: Bowenology Healer Program Completion: Tuition \$200;
Deposit \$125: This 6 hour class is by appointment only.** Class Date: _____

Student Personalized Education Contract:

Class space is limited. Please call the School for details and information at (530) 888-7263

In further consideration of the Applicant's registration as a participant, and any fees paid for a seminar, workshop, or demonstration of The Parker School of Bowenology (the "Company"), the Applicant agrees that:

The Applicant shall not, without the prior written consent of The Parker School of Bowenology™:

- * reproduce, in any manner whatsoever, including, but not limited to electronic, photographic copy, hand scripted or by verbal transmission, the whole or any part of the seminar materials;
- * teach, demonstrate, instruct, or represent themselves as a teacher, instructor, or demonstrator of the Company as described in the corpus of the instructional material provided by the Company, or having any qualifications to teach or demonstrate that system without the proper and qualified certifications as described by the Company in all material provided by the Company in the format of electronic, photographic copy, hand scripted notes or by verbal transmission. Such evidence of competence in Bowen Therapy shall be written evidence of proper certification and shall be solely issued by the Company.

In the event that the Applicant volunteers to participate in any demonstration at a seminar, workshop or demonstration, the Applicant acknowledges that he/she does so with full explanation of the potential effects for him/her and therefore acknowledges those potential effects and risks associated with such demonstrations and assumes all responsibility of said risks associated with those demonstrations and thereby releases the Instructors, Company, Directors and other Participants from any and all liability relevant to any personal injury that may subsequently occur.

The materials comprised or used in the seminar, workshop or demonstration are not prepared with any particular reader or user in mind and therefore, although the Company and the Directors believe that the advice and information contained therein is accurate and reliable, no warranty of accuracy, reliability or completeness is given by the Company, Directors, Instructors, Employee or Representative and no responsibility arising in any way for errors or omissions or negligence is accepted by the Company or any Director, Employee, Instructor, or Representative of the Company. All material, technique and therapy as instructed and demonstrated must be utilized for the intended use as defined by the Company in the corpus of all instruction materials provided by the Company in whether in the format of electronic, photographic copy, hand scripted notes or by verbal instruction.

* Deposits paid for a seminar, workshop or demonstration are non refundable. Any student that does not attend or complete a seminar, workshop or demonstration without 48 hour notice will not be eligible for a tuition refund. Any student who provides proper notice will receive a tuition credit to reschedule the seminar, workshop or demonstration (within one year of original registration).

Mail Registration Form to: Parker School of Bowen Therapy, P.O. Box 322, Cool, CA 95614

Applicant Signature _____ Date _____

For Office Use Only

Deposit Amount Paid _____ Date _____ Tuition Amount Paid _____ Date _____