



Student Enrollment Form

Student: _____

Class: _____

Date: _____

1. I understand that courses offered by Orlando School of Thai Massage are for educational purposes and include hands-on experimental training.
_____initials
2. I agree that I am solely responsible for determining the degree to which I can safely participate.
_____initials
3. I agree to indemnify and hold Rob Murray and the Orlando School of Thai Massage, its associates, affiliates, employees and faculty members harmless in connection with any claims resulting from my attendance.
_____initials
4. I understand that these courses are not intended to replace any medical or psychological care that I may require, and that if I have any medical conditions that could be impacted by this course that I am attending with my doctor's permission.
_____initials
5. I am aware of the nature and content of the course and have read and agree to be bound by the cancellation policies as posted on the Orlando School of Thai Massage website.
_____initials
6. I have read, understand and agree with the above and I willingly participate in this Orlando School of Thai Massage workshop/certification/course.
_____initials

Signed _____ Date _____

Witnessed by _____ Date _____