

**ASHLAND SCHOOL OF HYPNOTHERAPY
REGISTRATION FORM**

Name _____

Email _____

Phone(H) _____ (W) _____ (Cel) _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

To reserve your seat in the course, please include payment in full for the desired course. Payment may be made by check or credit card. Cancellation/refund requests must be submitted in writing. If submitted 30 days prior to course, applicant receives a 100% refund; 30-7 days prior to the course, 50% refund; 7 days prior, no refund. In some cases, you may be able to transfer the funds to another course. Extenuating circumstances considered.

Please indicate title of course* _____

Date of course you wish to attend _____

If you are signing up for one section of the Professional Certification Program, are you planning to complete the program?

*Special permission from the instructor is required to enter a course after Part I. Please call the school to arrange for a phone interview.

Previous hypnotherapy training and experience _____

Total previous classroom hours _____

Have you ever been convicted of a felony? __yes__no. If yes, please explain:

Student complaint policy: Complaints should be addressed verbally or in writing to the Director who will work for a satisfactory solution. If a solution cannot be determined, then student and director may attend state certified mediation.

Confidentiality policy: By signing this application form, I agree to abide by the following confidentiality policy: Any personal information about other students or subject volunteers will be kept in the strictest of confidence. No personal information will be discussed outside of class except with in the instructor.

Dismissal policy: At the discretion of the Director, a student may be dismissed from a course for behavior deemed inappropriate for the school setting.

Graduation requirements: In order to graduate, a student must:

-Attend all classes. Missed classes can be made up during a later course or by private arrangement with the instructor for an extra charge.

-All tuition must be paid in full.

-Students must demonstrate practical and theoretical proficiency, ethical standards, and complete assigned practice sessions. A midterm evaluation with the primary instructor will provide progress feedback.

Agreement: I have read the above policies and requirements and agree to abide by the stated terms. I agree to use hypnotherapy only for the purposes for which I am qualified through licensing or accreditation through proper governing boards in the state in which I am practicing. I understand that I can contact the Ashland School of Hypnotherapy for further clarification before signing this agreement.

Signature of applicant _____ Date _____

By typing in my signature I agree to the terms and conditions stated above

Signature of school official _____ Date _____

Amount of payment _____

REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT:

(1) Submit this form by clicking below or mailing

(2) PAY by returning to course page to pay online, or mailing a check with your registration form.

Mail registration form to: 285 Skycrest Dr., Ashland, OR. 97520 USA

Fax: 541-482-3808

E-mail: director@ashlandschoolofhypnotherapy.com

QUESTIONS? Please call 541-488-3180

**ASSUMPTION OF RISK
AND RELEASE AGREEMENT**

The undersigned student, in connection with and in consideration of hypnotherapy instruction from the Ashland School of Hypnotherapy, LLC, hereby agrees as follows:

1. ASSUMPTION OF RISKS; NO GUARANTY. Student acknowledges that there are inherent risks associated with the practice of hypnotherapy as with any other profession, as well as risks associated with taking an instructive course, and hereby expressly assumes all risks associated with same. Instructor does not, in any way, guaranty the results of the course or the quality of the Student's professional services resulting therefrom. Instructor is not responsible for obtaining insurance coverage or certifications for Student, and Student expressly assumes all responsibility for same. Student understands and agrees that Instructor has complete and full discretion regarding the course agenda and Student participation, and may remove any student from the course for any reason. In such event, Student will be entitled to a partial refund of tuition, equal to the unattended hours.

2. RELEASE AND INDEMNIFICATION. Student agrees to hold harmless, indemnify, and defend Instructor, its members, managers, agents, employees, successors, and assigns, against any and all claims, demands, causes of action, damages, judgments, orders, costs and expenses, including attorneys' fees at trial and on appeal, which may in any way arise from or be in any way connected with instruction provided by the Ashland School of Hypnotherapy, LLC, or connected with Student's provision of hypnotherapy services during the course of instruction and thereafter, even if resulting from the negligence of Instructor. Student warrants that Student has not and will not engage in felonies or other offenses, which could jeopardize the liability of the Instructor, the safety and well-being of the Instructor and other students, or which could disrupt the flow of the course.

3. BINDING NATURE; GOVERNING LAW. This agreement shall be binding upon the undersigned Student, and his or her heirs, agents, family members, executors, administrators, personal representatives, successors, and assigns. This release shall be subject to and governed by the laws of the State of Oregon.

Student attests that he or she has fully read and considered all of the terms and statements contained in this document before affixing Student's signature.

Signature of applicant _____ **Date** _____

By typing in my signature I agree to the terms and conditions stated above