

M/C INSIGHTS, INC

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 to: MC 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 workshop.

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

Signature _____ Date _____