



Pacific Restorative Therapy
A Prelude to Lifelong Health and Wellness

Dissection Class Application

This form is confidential and will only be used for our records and those institutions in which we teach.

Name:	
Mailing Address:	
Phone Number:	
E-mail Address:	
Emergency Contact Name:	
Emergency Contact Phone Number:	
What is Your Profession?	
Professional Organization Memberships (if any):	
Previous Dissection Experience (if any):	

Please send your completed application by mail or e-mail to:

Pacific Restorative Therapy
10 E. Vine Street, Suite 215
Redlands, CA 92373 USA
E-mail lisakayprt@gmail.com
Phone (909) 557-4415
www.pacificrestorativetherapy.com



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Dissection Class Waiver Form

Name:

Phone Number:

E-mail Address:

I agree not to disclose any information regarding the forms which will be dissected without the specific written permission of The Institute for Anatomical Research, Functional Fascia and/or Pacific Restorative Therapy.

The following is a “Hold Harmless and indemnification agreement” which everyone must sign before entering the lab. It shows that you understand that there are risks involved in undertaking dissection and that you waive the right to make any claims against the lab, facilitating corporations or teacher.

I, _____ (PLEASE PRINT YOUR NAME HERE) hereby agree to indemnify and save harmless The Institute for Anatomical Research, its staff and any of its subsidiaries, Functional Fascia / Julian Baker, owners, partners, and employees thereof, and Pacific Restorative Therapy, owners, and employees of, from and against all liability claims and demands on account of injury to persons including resulting therefrom and damage to property arising out of participation in the Dissection Class hosted by Pacific Restorative Therapy to be held in Colorado Springs at The Institute for Anatomical Research except from and against such claims and demands which may arise out of the sole negligence of The Institute for Anatomical Research et alia.

_____ (PLEASE SIGN YOUR NAME HERE)

_____ (PLEASE ENTER THE DATE HERE)



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Please use the following space to write a brief Statement of Intent for attending this class. What are your hopes for this experience? How will it further you professionally? This class is a collaborative one; What are some of the skills and traits that you will be able to contribute to the experience?



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Please attach a brief professional resume.

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