

Walt Fritz, PT's Foundations in Manual Therapy Seminars: Registration Application and Waiver
Seminar Location and Date: _____

Speech pathologists: Do you want to be reported for ASHA CEUs? YES NO.

If YES, what is your ASHA # _____

Massage therapists: This course is approved by NCBTMB

PTs/OTs: Will you be requesting CEUs for another profession? YES NO.

If YES, what state and profession? _____ (Some state PT/OT CEUs must be requested well in advance of the seminar. Contact me for details and limitations).

Name and Professional Credentials: _____

Personal Address (On record with ASHA, if SLP): _____ **Apt./Suite #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Personal E-mail (for emailing of class details): _____

Cell Phone (for text alerts): _____

Please complete this section, as the information you provide below will be included in the free online directory:

Business Name/Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business E-mail: _____ **Business Phone:** _____

***Does the applicant have any special needs?** This may include visual impairments, hearing loss, learning disabilities, dietary restrictions, or other. Please indicate so here or contact us via email or phone call in advance of the seminar.

Successful completion of the course and associated award of ASHA CEUs, NCBTMB CEs, and other CEUs are contingent upon:

1. There is a 2-hour online module (Introductory class) containing the background information to support this work that must be completed prior to the live seminar. Should the module not be completed, you will not be permitted to participate in the live portion of the seminar. The necessary link to this online module will be emailed to you in advance of the live event. A grade of 80% or higher is required to pass.
2. Accurate demonstration of the treatment techniques as observed by the course instructor during the hands-on portions of the live class.
3. Completion and submission of all post-seminar required forms.
4. As all aspects of the introductory material and hands-on components of this course form the foundations of the approach, **no partial ASHA CEUs, NCBTMB CEs, or other CEUs will be awarded**, with full participation in the entire course required. If you need to leave the seminar early, you agree to forfeit the ASHA CEUs and other CEs and will not receive a Certificate of Completion.
5. Three weeks before the class the link to the online course, hands-on download instructions, directions, and other details will be emailed to you. If you do not receive the email, please contact me.
6. Unless otherwise noted, course hours are as follow:

Voice and Swallowing Disorders: Day 1: Registration 8:30-9:00am, class hours 9:00am-5:30pm. Day 2: 9:00am-5:30pm
Advanced Voice and Swallowing Disorders: Both days: Class hours 9:00am-5:30pm. (Registration 8:30-9:00am Day One)

I have read and agree to the above class information _____ **(Initials)**

How did you hear about this seminar? _____

If using a group discount, please list the names of the others in your group _____

Payment

Please indicate your payment method and the amount paid in the box below.

___ Check or Money Order Enclosed, Payable To: "Walt Fritz, PT"

___ Credit card # (**LEAVE BLANK IF ALREADY PAID**) _____ - _____ - _____ - _____

Credit Card Exp. Date _____

3-digit CID # on Back of card (4 digits on front with American Express) _____

Name as it appears on your credit card: _____

If using credit card, please provide your **Credit Card Billing Address**

(If the same as above, circle, "Same as above")

Billing Address: _____ Apt./Suite #: _____

City: _____ State: _____ Zip Code: _____

Amount Paid: _____ (if using the group or student rate, deduct discount)

Sending or paying by mail? Walt Fritz, PO BOX 548 Lima, NY 14485

By email? wfritzpt@gmail.com

By fax? 1-866-413-9019

Want to register using a credit card by phone? Call 585-244-6180 and leave a message.

Voice and Swallowing Disorders Seminar (Intro. Level)

(Refer to www.WaltFritz.com for specific discount cut-off dates)

- If registering *up to 3 weeks* before the class: \$500 USD (\$550 for 2025 classes)
- If registering *within the final 3 weeks*: \$600 USD (\$650 for 2025 classes)
- If you are *retaking* this seminar: \$275 USD (\$300 for 2025 classes). You MUST supply the date and location of the class already taken and the registration for that class must have been made in your name in blank below.

Location previously taken: _____

ADVANCED Voice and Swallowing Disorders

- If registering *up to 3 weeks* before the first day of class \$550 USD (\$600 for 2025 classes)
- If registering *within the final 3 weeks*: \$650 USD (\$750 for 2025 classes)

Whole Body Seminar

- If registering *up to 3 weeks* before the first day of class \$500 USD (\$550 for 2025 classes)
- If registering *within the final 3 weeks*: \$600 USD (\$700 for 2025 classes)

DISCOUNTS: Only one discount may be applied

Reduce fee in the above box by appropriate amount, maximum of one discount per person.

-Group Discount You may pay using this form or by credit card by using the following discount codes at checkout. If registering this way, please provide the names of other group members on the previous page.

2-3 therapists registering at same time: **10%** off the prevailing rate per therapist (discount code **10group** at checkout at www.waltfritz.com).

4+ therapists registering at the same time: **15%** off the prevailing rate per therapist (discount code **15group** at checkout at www.waltfritz.com).

-Student Discount: \$75 off the prevailing rate and applies to student SLPs or CF, PTs, OTs, and MTs. Please provide the school and degree program currently enrolled in the blank below. For any of the above discounts, if you prefer to use a credit card online, use discount code **\$75studentdiscount** at checkout.

-Individual seminar dates and hours, as well as the location/address of the seminar, may be found at the specific page of the website devoted to that seminar/location. www.WaltFritz.com.

Registration Details and Cancellation/Refund Policy

Enrollment at all seminars is limited. The registration fee includes the mandatory 2-hour pre-seminar online module (Voice/Swallowing Disorders) and hands-on delivered to you as a PDF, distributed by email approximately 2-3 weeks prior to the class date. No meals, lodging, transportation, parking, or other expenses are included in the registration fee. For hands-on manual usage at the live, in-person seminar, you have the option to download the syllabus to an electronic reader, laptop, iPad, etc., or print it out for use in the seminar. You **will not be provided a hard copy** at the time of the class unless you notify us in advance of the class.

You may cancel your registration up to 14 days before the seminar with a \$50 processing fee. If you need to cancel less than 14 days prior to the seminar you may transfer your registration to another seminar of your choice, otherwise, you will forfeit the full registration fee. Refunds will be processed within 30 days of the refund request and will be made through the payment source from which your payment was originally made. All refunds, no matter the timing, for payments made by credit card will also be reduced by the actual credit card processing Merchant Fees charged to merchants. This fee is not refunded to the merchant by credit card processing companies and is typically 3% of the purchase price. The actual credit card transaction form, which shows your purchase and the fees paid by the merchant, will be sent to you prior to processing the refund to allow you to view the fee.

We reserve the right to cancel any seminar based upon minimum class enrollment requirements or other emergency, in which case the tuition fee will be returned in full within 30 days of the cancelled event. Foundations in Manual Therapy Seminars is not responsible for any guaranteed/prepaid airline/hotel reservation. **Before booking your travel, you are advised to email or call to assure the class is confirmed.**

Covid-related cancellations will allow a full refund. You will be asked to provide proof of a positive Covid test.

Any grievances or concerns regarding Foundations in Manual Therapy Seminars should be made to:

Foundations in Manual Therapy Seminars
PO Box 548
Lima, NY 14485
Phone: 585-244-6180
Fax: 1-866-413-9019

The following Disclaimers & Assumption of Risk must be read, signed, and returned via email, fax, or mail in advance of the workshop or attendance will be denied and registration fees will be returned.

Disclaimers & Assumption of Risk

Welcome! Please review this document and acknowledge and agree by signing the last page. Then, please mail/email/fax to the addressed listed above in advance of the start of the workshop.

This document binds you to certain legal obligations that may have significant consequences. Please read it carefully. By participating in or attending the Foundations in Manual Therapy Seminar: **(Fill in name of seminar)**

on **(Fill in date of Seminar)**, you agree to be bound by this document. If you do not agree to be bound, you may not participate in or attend the Workshop. “We,” “us,” and “our” refer to Walt Fritz, PT d/b/a Pain Relief Center and Foundations in Manual Therapy Seminars and his principals, instructors, independent contractors, employees, agents, contractors, affiliates, and representatives’ contractors. “You” refers to the undersigned, an attendee or participant of the Workshop.

The foregoing terms of this shall survive the expiration of the Workshop.

No Liability & No Warranty

The Workshop is offered to you on an “as is” basis. To the fullest extent permitted by law, we disclaim all express or implied warranties, including without limitation warranties of merchantability, fitness for a particular purpose, title, and noninfringement. While the information is intended to be accurate and in keeping with current science, we do not warrant the accuracy, reliability, completeness, or correctness of the Workshop. You agree to assume all risk of using the information, suggestions, and depictions provided at the Workshop. We are not responsible for any errors or omissions.

We make no warranty as to the effectiveness of anything suggested or depicted during the Workshop and hereby disclaim all liability to any party for any direct, indirect, implied, punitive, special, incidental, or other consequential damages directly or indirectly arising from or related to such suggestions or depictions.

You expressly release us from any responsibility and liability relating to your use or nonuse of the information or content of the Workshop.

Educational Purposes Only

The Workshop is for educational purposes only. You will not be provided any personal medical treatment or diagnosis for any medical condition. You should speak with your personal licensed healthcare provider if you have personal medical concerns. Call 911 in an emergency.

No Liability for Your Scope of Practice

You are solely responsible for whether an exercise, modality, stretch, or information (“Treatment”) explained or demonstrated at the Workshop is within your scope of healthcare practice, such that you may offer such Treatment to your patients or clients. We make no warranty or representation as to whether you may or may not provide such Treatment under your state’s practice act or federal law for your particular licensure or nonlicensure. You assume all liability arising out of such Treatment.

Not Responsible for Injuries

We are not responsible for any injuries that you sustain from participating in or attending the Workshop or any of the activities demonstrated in the Workshop. While during the Workshop we may suggest or demonstrate an exercise, modality, or stretch, it is your sole responsibility to ascertain if such behavior is consistent with your ability and safe for you to perform.

Physical exertion may result in physical or mental injury or risk of injury. Exert yourself only within your limits. You should consult with your personal licensed health care provider prior to engaging in any new physical exertion. If, during the Workshop, you feel faint, dizzy, or have physical discomfort, stop immediately and contact your physician. Call 911 in an emergency. You expressly waive any claim for any injury at any time related to your participation in or attendance at the Workshop against us.

Do Not Disclose PHI

During the Workshop, do not use, provide, transmit, store, or disclose any health information to us that constitutes protected health information (“PHI”). If you, nevertheless, use, provide, transmit, store, or disclose PHI during the Workshop, you agree to indemnify us against any damages, losses, liabilities, judgments, costs, or expenses (including reasonable attorney’s fees and costs) arising out such use, provision, transmission, storage, or disclosure of PHI.

Indemnification & Assumption of Risk

As a condition of participation in or attendance at the Workshop, you agree to indemnify us against all claims, liabilities, losses, damages, suits, costs, and expenses, including reasonable attorney’s fees, relating to the Workshop, except to the extent that such a claim is caused by our gross negligence or willful misconduct. You further agree to assume all risk of property damage, injury, and death associated with the Workshop or your participation in or attendance at the Workshop.

Intellectual Property

All techniques, modalities, slides, pamphlets, literature, text, images, videos, blogs, social media, logos, software, graphics, photos, sounds, music, audiovisual combinations, interactive features, and collections related to or prepared in connection with the Workshop (“Workshop Content”) is protected by United States and worldwide copyright laws and treaty provisions. We own all Workshop Content. You may not copy, reproduce, modify, use, republish, or distribute the Workshop Content or any of our trademarks or inventions.

Video, Audio & Photographic Consent

By participating in or attending the Workshop, you consent to be filmed, photographed, and recorded directly before, during, and directly after the Workshop (“Media Related Information”).

You further consent to our use of the Media Related Information and your likeness for our marketing including, without limitation, on Facebook, Instagram, Twitter, YouTube, Medium, and our website. You will not receive any compensation for signing this document, for being filmed, photographed, or recorded, or for our use of the Media Related Information, and you have no right to approve how we use the Media Related Information.

You hereby grant us a perpetual, absolute, and irrevocable right and permission to use the Media Related Information to reproduce, edit, exhibit, project, display, copyright, publish, or resell, in whole or part, and sole ownership of and exclusive right to all uses of the Media Related Information, including full domestic and foreign copyrights.

Agreement & Acknowledgment

By signing below, I acknowledge and agree that I have read the foregoing Disclaimers & Assumption of Risk and hereby agree to be bound by them.

Name (print): _____ Date: _____

Signature: _____ Email: _____