

REGISTRATION FORM: Breastfeeding Conditions: Maternal and Infant Factors

Location: Vaughan, ON

Date: September 17-19, 2021

Cost: \$695 + HST (**\$785.35 including HST**)

Name: _____

Profession: _____

Employer: _____

Billing Address: _____

(Street) (City)

(Postal code) (Province)

Email: _____

Business Phone () _____

Cell Phone () _____

Credit card: MC VISA (a 2.5% surcharge will be added if paying by credit card)

Number: _____

Expiry Date: _____ (3-digit # on back of card): _____

Card holder name: _____

Signature: _____

If paying by cheque, please make cheque payable to Pelvic Health Solutions and mail to:

Pelvic Health Solutions

PO Box 22065 Big Bay Point / Barrie, ON / L4N 0Z5

Fax: 888-653-4533 / Email: info@pelvichealthsolutions.ca

If paying by cheque, please make sure the date is at least 1 month prior to the course

Please visit our website to view our course policies



Consent and Release

Course name: _____

Course date: _____

Registrants name: _____

Phone # Mobile: _____ Business: _____

Email address: _____

The above noted course contains lectures, discussion, demonstrations and practical sessions/labs where you have the option to act as a model for fellow participants, the instructor or teaching/lab assistants. The instructor, teaching/lab assistants or fellow participants may or may not be licensed in the region/province they are in. Participants at this course may be allowed, but shall not be required, to act as a model. Doing so may involve: following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures that include an internal vaginal and or rectal evaluation.

Signing below indicates that you consent to act as a model for practical sessions, which may include an internal vaginal and or rectal palpation. If, at any time, you feel uncomfortable or wish to withdraw participation/consent, and to cease acting as a model, you may do so.

NOW THEREFORE in consideration of being allowed to participate as a model at the above course, and for other good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged by the undersigned), the undersigned hereby covenants and agrees as follows:

I accept all physical and legal risks in participating as a model in this course, including all risk of injury or death. I hereby waive and release, remise and forever discharge Pelvic Health Solutions Inc., its directors, officers, shareholders, employees, agents, contactors, instructors and assistants (collectively, the "Releasees") of and from all actions, causes of action, suits, debts, duties, accounts, bonds, covenants, contracts, claims and demands whatsoever in law or in equity, which the undersigned now has or hereafter may have against the Releasees or any of them for or by reason of or in any way arising out of my participation as a model in connection with the above course.

The undersigned further covenants and agrees not to join, assist, aid or act in concert in any manner whatsoever with any other person, firm or corporation in the making of any claim or demand or in the bringing of any proceeding or action in any manner whatsoever against the Releasees, or any of them, or to make any claim or to take any proceedings against any other person or entity in respect of the matters and claims hereby released who might claim contribution or indemnity from any of the Releasees.

This Consent and Release shall be governed by and construed in accordance with the laws of the Province of Ontario, without reference to its conflicts of laws principles. This Consent and Release shall be binding upon the undersigned and his or her heirs, executors, administrators, successors, assigns and legal representatives, and shall enure to the benefit of, the Releasees and their heirs, executors, administrators, successors, assigns and legal representatives.

(Participant's Signature)

(Date)