



PowerWithinUs

Power Training Student Enrollment Form

Fax to 435-216-1180
or e-mail jeremiah@powerwithinus.com

Part 1 – General Information

Training Date: _____

Circle one: Mr. Mrs. Ms. Miss	Home/Cell Phone:	
Name:	Fax:	
Address:	Business Phone:	
	Email Address:	
Emergency Contact:	Gender (M, F)	
Occupation:	Company Name:	
Have you attended similar training courses? If so, which ones:		
List two reasons you are attending this training class:	What do you want to accomplish in the next five years?	
1.		
2.		

"People have more options than they think they do. But most people spend more time planning their vacations than thinking about what they want to do with their lives"

–Bob McDonald

Part 2 – Medical Information

This is a very active training and challenging for each participant, please complete the following Medical Evaluation. This will alert the trainers of any medical condition that may require special attention.

Do you currently have or have you ever had any of the following: If you mark yes to any of the following questions, please be very specific and circle or write which part of the body you are referring to.

Yes	No	Date (month/year)
		Shoulder/Arm/Wrist Pain/Injury – Describe
		Neck/Back Pain/Injury – Describe
		Leg/Knee/Ankle Pain/Injury – Describe
		Throat Pain/Injury – Describe

Part 3 – Medical Details

Do you currently have or have you ever had any of the following: If you mark yes to any of the following questions, please be very specific.

Yes	No	Date (month/year)
		High blood pressure – Current medication
		Heart Disease – Current
		Medication
		Asthma – Current medication
		Allergies – Current medication
		Diabetes – Current

		Medication
		Seizures – Explain cause/how often
		Fainting/dizziness – Explain cause/how
		Currently Pregnant – If you are currently pregnant, please contact our offices as soon as possible
		Depression or Anxiety – Current Medication
		Hearing Impairment – List assisted hearing devices you are using
		Have you been in counseling within the past 12 months – Date of last counseling visit
		Medication prescribed

If you have any other past or current medical or physical condition(s) and/or any prescribed medications(s) not listed above, please describe briefly:

Part 4 – Disclaimer

I understand that the Power Training is both emotionally and mentally intense. I understand that it is impossible for Power Training to guarantee absolute personal safety and well-being. I understand that I am personally responsible for my own safety, and I will assume the responsibility to keep myself safe.

I understand that I will be responsible for my own transportation to and from the facility. I understand that Power Training is not responsible for anything that may happen while I am in transit at anytime during the 2 day training.

This training is based on the principle of challenge by choice. I agree that I am responsible for my choice whether or not to participate. I accept this risk and agree to indemnify, defend, and hold Power Training and its agents harmless for anything involved during the training.

I agree to comply with instructions and directions given by the Power Trainers. I agree to participate with the group. Furthermore, I agree to indemnify, defend and hold Power Training and its staff, volunteers and faculty harmless for any threat or injury to my safety and well-being, including all loss, damages, costs and expenses, including attorney's fees, from any such threat or injury to my safety and well-being.

Participant Signature

Date

Payment information if applicable:

Credit Card # _____ Exp. _____

Total amount for seat \$ _____

A minimum deposit of \$100 required to hold your seat –If applicable

Your deposit holds the seat and is non-refundable. The deposit will be applied to any future classes if you are unable to attend the expected course. Full payment is required before the training. The training lasts for two days. There are no refunds if you leave the training early though you can return and complete the training in the future.

"Success is directly related to how comfortable you feel dealing with discomfort."

–Jeremiah Wilson