



COLON HYDROTHERAPY TRAINING

COLON HYDROTHERAPY CERTIFICATION

5 DAY COURSE REGISTRATION AGREEMENT

First Name (Print as it will appear on certificate) Middle Last name

Address City Province Postal code

Email Phone Number

DESIRED COURSE DATES: (CHECK WEBSITE FOR DATES)

5 day intensive - 25 hours program includes - \$3000

- Anatomy and Physiology of the alimentary tract - 5.5 hours
- Practicum - 9 hours
- Intestinal health- 4 hours
- Contra Indication to Colon Hydrotherapy- 1hour
- Prescription interference with colonic - 1hour
- Sanitation and Machine Maintenance - 2 hours
- Business start - 1 hour
- Exam - 1.5 hour

PERSONAL INFORMATION & REQUIREMENTS

I have completed high school/GED (MUST INCLUDE COPY OF CERTIFICATE)

I have a current CPR certification (MUST INCLUDE COPY OF CERTIFICATE)

I was referred to this school by:

Employment History: Prior Education:

Health Experience (personal and/or professional):

Please describe your reason for wanting to become a Certified Therapist:

Tuition includes the CHT lesson and “Hands On” training manual, supplies, materials or any other goods related to the instruction offered in this agreement. This does not include suggested reading material or elective books. Students that missed more any day during the allowed period of training will be charged a fee for each make up day when available. The training includes giving 4 sessions, observe 4 or receive 1 and observe 3 during class hours.

COURSE FEES: - TOTAL FEE \$3000. \$500 REQUIRED IMMEDIATELY . \$1000 2 MONTH BEFORE COURSE REMAINING \$1500 FOR IN PERSON TRAINING IS DUE 5 WEEKS BEFORE FIRST DAY OF CLASS.

Refund/Cancellation policy - I understand for registration is \$500 +\$2500. \$1500 is non-refundable. This refund will be applied within 1 month from FLC receiving an email for the cancellation and before classes started. Should the online/in person class be started and not completed for any reason a fee of \$600 per day of training acquired is applied. In the case of emergency, the student must write to FLC within 7 days and may transfer the payment for a scheduled class within 12 months, depending on availabilities, with full payment transfer. Once transferred to a future class there is no refund available.

I understand that no credit or reduction in cost or hours will be given for any previous training. I also realize that job placement is not promised or guaranteed but resources will be provided when available. All hours missed due to any acceptable reason must be made up to complete this class (extra cost may be applied).

METHOD OF PAYMENT: Credit Card ____ (2% fee applied) ____ E-transfer ____ in the amount of _____ is enclosed.
For your security, if paying by credit card please call CHT at 604 888 5089 with your card details. IF paid with Credit Card a 2% will be charged.

Signature acknowledging, I have read, understand and agree to the above information with honesty.

Signature

Date

The class schedule is subject to change. The student will be notified with sufficient time to make necessary changes. Your space in class is saved once we receive your deposit & forms. This agreement is a legally binding instrument when signed by the student and accepted by the school.



**COLON HYDROTHERAPY
TRAINING**

REQUIREMENTS & WAIVER:

I understand that, upon successful completion of the course including case studies I must pass a series of tests to meet the Colon Hydrotherapy Training requirements of Certification.

Release: "I hereby release Colon Hydrotherapy Training, and all branches and affiliations from all claims of damages arising from any accident or injury which is caused by or arises from participation of the applicant named herein, during any program or any facility or any location where a program is held".

Confidentiality and Disclosure: Absolutely no part of the content in the copyrighted publications, course material or teachers' notes, may be photocopied or adapted for teaching purposes or shared with anyone not taking the Colon Hydrotherapy Training program. Breach of these restrictions will result in legal action.

I understand and accept the above prerequisites and terms and understand that my registration in this course is pending approval from administration. I confirm that all the information I provide to

I certify that I have read, understand, and accept the items and terms outlined on this application form.

Disclaimer: The information contained in this course both verbal and written is a compilation derived from many sources and is not intended to replace supervision by a qualified health professional for medical or health related problems. Among these information sources is my own clinical experience of more than 10 years. The result of this hands-on learning is supported by the research and clinical reports of a wide range of natural and conventional health practitioners. Opinions expressed herein are strictly those of the author/instructor and in no way represent those of the medical profession or any medical association. It is strongly recommended that you adhere to your regions licensing laws.

I certify that I have read and understood the items outlined on this form.

Applicant's Name (please print):

Applicant's Signature:

Date: