



Century Massage

15 S Grady Way, Suite LL19, Renton, WA 98057

PARTICIPANT PRE-REGISTRATION / WAIVER

(please print)

WORKSHOP NAME _____ FEE _____

Name _____ Age _____ DOB _____ Male / Female

Address _____

City _____ State _____ Zip _____

Day Phone# _____ Mobile Phone _____

Email _____ Alt. Email _____

Emergency Contact _____ Phone _____

- Method of payment: Cash Check Visa / MC / Amex
- Credit Card Information: Name on card _____
Card # _____ Exp _____ Security code _____

Waiver: By enrolling at Century Massage's workshops, seminars, or classes, participant understands that while attending the programs and using Century Massage and the facilities, s/he does so at his/her risk. Century Massage and its owners, employees, instructors, or agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant in or about any programs or workshops on the premises. Participants assume full responsibility for all injuries and damages which occur in or about any program or workshops on the premises. Participant does hereby indemnify and hold harmless Century Massage, all its associated facilities, owners, associates, employees, instructors, and agents from any and all losses, liabilities, claims, demands, damages, or rights of action, present or future, resulting from any person's participation in any program or use of the facility. In addition, participant agrees to conduct him/herself in a professional manner and follow rules of conduct set by Century Massage. Failure to do so may result in being barred from attending future programs held by Century Massage or any of its instructors.

Signature of Participant (I am over 18 years of age)

Date