

ENROLLMENT AGREEMENT

Denver Integrative Massage School, Inc
2416 W. 32nd Ave. Denver, CO 80211
(720) 316-8888

*Approved and Regulated by the Colorado Department of Higher Education,
Private Occupational School Board*

General Information

Date _____

Name _____ Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Occupation _____

Name to Appear on Certificate _____

Birthday _____ Emergency Contact Name & Ph# _____

Program/Stand Alone Course

Program/Course _____ Weekend Intensive _____ Part of Program _____

Start Date _____ Estimated Completion _____

Tuition

600-Hour CMT Program

Tuition \$6,800

Deposit \$250

**(Deposit is applied towards the total tuition cost. After deposit is paid, the balance remaining would be \$6,550.)*

Total Cost of Program \$6,800

Additional Required Expenses (Estimated)

Massage Mat and/or Massage Table \$150 - \$200 Two (2) Professional Massage \$100 - \$200

Class Handouts and Supplies \$50 - \$100 CPR Certification \$45

Textbooks \$350 - \$500 Student Liability Insurance \$50 - \$100

Massage Supplies (Sheets, Oils, Etc) \$50 - \$150 2 Cadaver Labs \$90

Total Additional Required Estimated Expenses: \$730 - \$1,230

Method of Payment (cash/check #/credit card)

Schedule of Payments

Deposit: **\$250** Date Due: **ASAP** BALANCE DUE: **\$6,550**

Date Due: **01/31/12 \$1,092** Recd _____ Date Due: **04/30/12 \$1,092** Recd _____

Date Due: **02/29/12 \$1,092** Recd _____ Date Due: **05/31/12 \$1,092** Recd _____

Date Due: **03/31/12 \$1,092** Recd _____ Date Due: **06/30/12 \$1,090** Recd _____

The cost of credit is included in the price quoted for the goods and services.

By signing below, the student agrees to pay *Denver Integrative Massage School, Inc* the total stated tuition for the program and/or Stand-Alone Course noted at the beginning of this agreement. The school agrees to provide the occupational training in accordance with the provisions of the school's current Catalog Volume No. 3 Dated April 2011.

Payment of all monies due shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met the school will award the Certificate to the student. The student and school understand that this Enrollment Agreement, WHICH INCLUDES THE REFUND POLICY may not be amended except in writing and signed by both parties.

Postponement of starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:

- a.) Whether the postponement is for the convenience of the school or student; and,
- b.) A deadline for the new start date, beyond which the start date will not be postponed.

If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the school's refund policy and all applicable laws and rules concerning the Private Occupational Education Act of 1981.

Complaints, which cannot be resolved by direct negotiation between the student and the school, may be filed online with the Division of Private Occupational Schools of the Colorado Department of Higher Education, at higher.ed.colorado.gov/dpos, 303/866-2723. All student complaints submitted to the Division must be in writing and "shall be filed within two years after the student discontinues training at the school."

Refund Policy

Students not accepted to the school are entitled to all monies paid. Students who cancel this contract by notifying the school within three (3) business days are entitled to a full refund of all tuition paid. Students who withdraw after three (3) business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid except the maximum cancellation charge of \$150.00 or 25% of the contract price which ever is less. In the case of students withdrawing after commencement of classes, the school will retain the cancellation charge plus a percentage of tuition, which is based on the percentage of contact hours attended and number of distance education lessons completed in the Program/Stand Alone Course, as described in the table below. The refund is based on the official date of termination or withdrawal.

Refund Table

Student is entitled to upon withdrawal/termination	Refund
Within first 10% of program (Distance Ed, Lessons 1-2)	90% less cancellation charge
After 10% but within first 25% of program (Distance Ed, Lessons 3-4)	75% less cancellation charge
After 25% but within first 50% of program (Distance Ed, Lessons 5-6)	50% less cancellation charge
After 50% but within first 75% of program (Distance Ed, Lesson 7)	25% less cancellation charge
After 75% [if paid in full, cancellation charge is not applicable]	NO Refund

1. The student may cancel this contract at any time prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a student shall be determined in the following manner:
 - a. The date on which the school receives notice of the student's intention to discontinue the training program; or
 - b. The date on which the student violates published school policy, which provides for termination.
 - c. Should a student fail to return from an excused leave of absence, the effective date of termination for a student on an extended leave of absence or a leave of absence is the earlier of the date the school determines the student is not returning or the day following the expected return date.

3. The student will receive a full refund of tuition paid if the school discontinues a course/ program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
4. The policy for granting credit for previous training shall not impact the refund policy.

I HAVE RECEIVED A COPY OF THIS ENROLLMENT AGREEMENT AND A CURRENT SCHOOL CATALOG.

Student Signature

Date

School's Approved In-state Agent

Date

BACKGROUND AND PREVIOUS EXPERIENCE

Denver Integrative Massage School, Inc
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***Approved and Regulated by the Colorado Department of Higher Education,
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*In addition to the **Enrollment Agreement**, we would like to learn more about you and your background. Please answer the following questions and attach the necessary documentation to support each question.*

1. What is your previous background with the healing and medical arts--bodywork, yoga, physical therapy, nursing, personal training, acupuncture, herbs, etc? And if you don't have previous experience, then let us know about your occupational background.

2. What first drew you to massage and bodywork? What intrigued, inspired, and peaked your interest about the healing art of touch?

3. What are your personal and professional goals for this training program?

4. How did you first hear about our School?

5. Do you have any communicable diseases? YES _____ or NO _____

A physical may be required.

Have you had a communicable disease in the last two years? YES _____ or NO _____

6. Are you pregnant now or do you plan to become pregnant during the program? YES _____ or NO _____

7. Do you have any physical, emotional, or mental conditions, which may require special attention or affect your ability to give or receive massage? If yes, please describe:

8. Have you ever been convicted of a crime (not including misdemeanors or traffic violations)?

YES _____ or NO _____ If yes, please give details:

9. Transcripts: Your high school, GED certificate, and/or college transcripts should be included in your application. Is the school sending your transcripts directly? YES _____ or NO _____

Thank you for applying to the Denver Integrative Massage School! We look forward to reviewing your application and hopefully seeing you in a program soon.

Denver Integrative Massage School, Inc
Massage Informed Consent and Agreement

Please read the following carefully. Initial beside each paragraph, date and sign below to indicate agreement.

I _____ (print name) agree to the following terms and conditions:

1. That I am participating in a professional massage training (list the program/course) _____ offered by Denver Integrative Massage School, Inc, during which, I will receive information and instruction about Western and Eastern modalities of massage. _____ (initial)

2. I understand that the massage training program/course will require physical exertion, and I understand that it is my responsibility to consult with a physician and/or counselor regarding my participation in the massage training. I hereby represent that I have been cleared to participate in the massage training, and that I have no medical, emotional or psychological condition that would prevent me from safe participation in this training. _____ (initial)

3. I hereby RELEASE AND DISCHARGE DENVER INTEGRATIVE MASSAGE SCHOOL, INC AND/OR ITS DIRECTORS, STAFF, EMPLOYEES and any other representatives or instructors (collectively hereinafter referred to as the "Released Parties") from any and all liability, claims, demands, or causes or actions that I may have for injuries, death or damages arising out of my participation in the massage training, including but not limited to losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. _____ (initial)

4. I further agree that I WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of my participation in the massage training. I also agree to IDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in the massage training. _____ (initial)

5. I understand and acknowledge that the massage training has certain inherent dangers that no amount of care, caution, instruction, or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE MASSAGE TRAINING WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. _____ (initial)

6. I hereby expressly recognize that this AGREEMENT OF RELEASE AND WAIVER OF LIABILITY is a contract pursuant to which, with complete and unequivocal knowledge of its contents, I have released any and all claims I may obtain against the Released Parties. _____ (initial)

I _____ (print name) , HAVE READ THIS AGREEMENT OF RELEASE AND WAIVER OF LIABILITY, AND FULLY UNDERSTAND ITS CONTENTS AND MEANING AND SIGN IT OF MY OWN FREE WILL AFTER HAVING INITIALED EACH PARAGRAPH TO CONFIRM THAT I HAVE READ AND HAVE KNOWLEDGE OF THE TERMS CONTAINED HEREIN.

Participant's Signature: _____

Date: _____