



**Schedule of Payments**

Deposit \$ \_\_\_\_\_ Date \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

Date Due \_\_\_\_\_ \$ \_\_\_\_\_ Recd \_\_\_\_\_  
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Date Due \_\_\_\_\_ \$ \_\_\_\_\_ Recd \_\_\_\_\_



**BACKGROUND AND PREVIOUS EXPERIENCE**

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, etc? And if you don't have previous experience, then let us know about your occupational background.

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2. What first drew you to massage and bodywork? Why are you intrigued, inspired, or interested in healing touch?

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

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4. How did you first hear about our School?

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5. Do you have any communicable diseases which would prevent you working professionally? YES \_\_\_\_\_ or NO \_\_\_\_\_

A physical may be required. Have you had a communicable disease in the last two years? YES \_\_\_\_\_ or NO \_\_\_\_\_ If Yes, please explain:

6. Do you smoke, drink alcohol, and/or have substance-abuse issues? YES \_\_\_\_\_ or NO \_\_\_\_\_ If Yes, please explain:

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7. Are you pregnant now or do you plan to become pregnant during the program? YES \_\_\_\_\_ or NO \_\_\_\_\_

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8. 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:

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9. Have you ever been convicted of a crime (not including misdemeanors or traffic violations)? YES \_\_\_\_\_ or NO \_\_\_\_\_ If yes, please give details:

10. Massage therapy licensure requires background checks. If you agree to attend Lotus Education Institute as a massage therapy student and you are not already a licensed massage therapist, do you agree to a background check?

YES \_\_\_\_ NO \_\_\_\_ Comments:

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\_\_\_\_\_ 10. 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 Lotus Education Institute! We look forward to reviewing your application and hopefully seeing you in a program soon.

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### **Lotus Education Institute 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 Lotus Education Institute, 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 Lotus Education Institute, Lotus Education LLC, 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: \_\_\_\_\_