



Directions Unlimited  
 32501 McDonnell Lane | Fort Bragg, CA 95437  
 (916) 599-8597 | fax (707) 962-9199 | [info@NewDirectionsWorkshop.com](mailto:info@NewDirectionsWorkshop.com)

## New Directions Workshop Enrollment Agreement Form

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### Course Dates and Times

Friday	_____	7:00 p.m. until complete
Saturday	_____	9:00 a.m. until complete
Sunday	_____	9:00 a.m. until complete
Graduation	_____	7:00 p.m. Sunday evening
Reunion	_____	_____

### Course Location

VMS Family Counseling Services  
 2350 W. Shaw Ave, Suite 144  
 Fresno, CA 93711

### Course Agreements

I agree to pay a course tuition of \$ \_\_\_\_\_.

I agree to attend each session, as listed above, and I agree to be on time for each session unless notification is given in advance.

I agree not to take any non-prescription drugs or alcohol within 24 hours of any session. I further agree to notify course personnel of any prescriptions or medical advice that must be followed during course sessions.

As a participant in the course, I agree to respect the confidentiality of all participants and their remarks, and I agree to keep all such materials private and confidential.

I agree to return a completed Course Information Sheet and a signed copy of this Enrollment Agreement.

### Informed Consent

I understand this course is educational and not psychotherapy or a substitute for psychotherapy.

I understand that, in addition to the benefit, there is always the risk of emotional and/or accidental medical contingencies in such a group experience. I assume the risk, by this consent, for any accident or injury to myself, or inflicted by me during the course, and hereby release **Directions Unlimited** from liability therefor.

I hereby authorize the staff of **Directions Unlimited** to take any reasonable steps on my behalf in the case of accident, injury or illness, including by not limited to emergency first aid; doctor, nurse and/or ambulance services; etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release **Directions Unlimited** from liability therefore. If I am unable to attend the course during the above session dates, my full tuition will be transferred to the next available course.

I agree to the above terms and conditions: \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date

Required if student is under 18 years of age: \_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_ Date

Agreed to by Directions Unlimited: \_\_\_\_\_  
Directions Unlimited Staff

\_\_\_\_\_ Date

### Payment Type (check one)

Cash (Paid in Full)    ___ 100s   ___ 20s   ___ 10s   ___ 5s   ___ 1s	Master Card / Visa / Discover / AmEx – on line via PayPal
Check #                      (Paid in Full - payable to Directions Unlimited)	Other – See Promissory Note