



## Natural Healing Institute of Naturopathy, Inc. (NHI)

State Licensed and State-Approved College and Clinic  
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### Single Class Enrollment Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class Code	Class Title and Date	Credit Hours	Tuition - See Schedule

NEW STUDENT? \_\_\_\_\_ Registration Fee: \_\_\_\_\_  
TOTAL DUE: \$ \_\_\_\_\_

Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Release of Liability

In signing below, I agree that Natural Healing Institute of Naturopathy, Inc. (NHI and NHI College), its owners, faculty, and staff are in no way responsible for the safekeeping of my personal belongings while I attend class. I also understand that some classes at NHI include physical activity -- such as lecture, massage, yoga, stretching, movement therapy, somatics -- and I voluntarily participate in them with full knowledge that there may be risk of personal injury, property damage/loss, or any other form of injury, harm, or loss. I agree that neither I, my heirs, assigns, or legal representatives will not sue, litigate, or make any claims of any kind whatsoever against NHI, its owners, faculty, corporate officers, board members, or staff for any personal injury, property damage/loss, or any other perceived injury, harm, or loss whether caused by negligence or otherwise. Similarly, if I use any information or practice that I learned in any NHI class or program on myself or "others". I agree that neither I nor "others" will not sue, litigate, or make any claims of any kind whatsoever against NHI, its owners, faculty, corporate officers, board members, or staff for any personal injury, property damage/loss, or any other perceived injury, harm, or loss, whether caused by negligence or otherwise.

Release of Liability signed:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Program Registration requires a full application call or go to our website: <http://www.nhicollege.net> for a complete form\*\*\*