

**CST Workshop Release and Information Form  
120 Hour Certification in Cranial Sacral Therapy**

Students Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

1. I agree to allow the video recording and photography of myself to be used for marketing and further education training. Initial \_\_\_\_\_

2. I understand it is my responsibility to research all applicable laws as they relate to my use of Cranial Sacral Therapy on other people. No licence to treat is provided or implied in this certification training. Initial \_\_\_\_\_

3. I acknowledged it is my responsibility to make up for all missed classes. This may involve any or all of the following: review of notes, watching videos (if available), booking private time (at additional cost) with Anthony to learn specific hand-holds and other information. Initial \_\_\_\_\_

4. I Understand it is my sole responsibility to use cranial sacral therapy in an ethical and safe manner. I agree to hold harmless: Anthony Chadwell, Chadwell Method™, Chadwell Center for Health and G2G Health Systems Inc. for any and all damages and/or liability arising from my use of Cranial Sacral Therapy. Initial \_\_\_\_\_

5. There are no refunds for tuition paid. Initial \_\_\_\_\_

Required materials: :

Massage table with arm rest.

A quality Anatomy book i.e [Netter's Atlas of Human Anatomy](#) or [Thieme Atlas of Anatomy](#)

Suggested materials: :

A model skull for study

Bolsters, pillows or blankets you may find necessary for your comfort in the class.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_