

**The Barral Institute**  
**UGM: Urogenital Manipulation**  
**Participation Waiver**

As a reminder, the pre-requisite of this course is Visceral Manipulation: The Pelvis (VM3). Additionally, your professional license should include internal work in your scope of practice. This completed form is required 60 days prior to attendance, or upon registration if within 60 days. Your place in the course is not guaranteed until we have this signed waiver.

I acknowledge that the internal work presented in the course is only to be performed by those who have a license/scope of practice that allows for internal work.

I have such a license.

Name (print) \_\_\_\_\_

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

License Issued by (profession and locale, for example, *Florida Physical Therapy*)

\_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**OR**

I do not have such a license.

I acknowledge that I will only perform legally within my scope of practice, and will refer out for internal work.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Reason for wishing to attend: \_\_\_\_\_

\_\_\_\_\_

You will be contacted should there be any follow up questions regarding your eligibility to attend.

Please complete and return to

Barral Institute  
11211 Prosperity Farms Rd, D325  
Palm Beach Gardens, FL 33410

**OR**

561.622.4771 (fax)

**OR**

iahe.@iahe.com