inner garden

SCHOOL OF COLON HYDROTHERAPY

IGS PROFESSIONAL CERTIFICATION

32-HOUR COLON HYDROTHERAPY COURSE

Registration form

Enrollment Agreement

Payment form

inner garden
SCHOOL OF COLON HYDROTHERAPY

~ *PLEASE* FILL, SIGN, AND EMAIL US THE FOLLOWING FORMS ~

REGISTRATION
FOR
IGS PROFESSIONAL CERTIFICATION
32-HOUR COLON HYDROTHERAPY TRAINING

GENERAL INFORMATION

Date _____

First and last name _____ Preferred pronouns _____

Address _____

City _____ Province/State_____

Postal code/Zip code _____ Country _____

Mailing address (if different from above) _____

_____

Email _____

Phone # (mobile)_____ (home) _____

Date of birth (DOB)_____ Age _____

Social insurance number (SIN)/Social security number (SSN)_____

EMERGENCY CONTACT INFORMATION

Name/Relationship _____ Phone # _____

WORK EXPERIENCE

What is your current profession/line of work? _____

Please tell us of additional past work experience _____

_____

Membership in professional organizations _____

CRIMINAL RECORD

Have you ever been convicted of a felony or other misdemeanor? Yes ____ No ____

If so, please describe _____

Does anyone have a lawsuit against you? _____

OTHER INFORMATION

Special skills, Interests, Hobbies _____

_____

BECOMING A COLON HYDROTHERAPIST

Why do you want to become a colon hydrotherapist?_____

_____

How did you hear about Inner Garden Health School of Colon Hydrotherapy?

_____

EDUCATION

Name of High School _____

City, Province/State, Country of High School _____

Year of graduation _____

Name of College or University _____

Degree _____ Year of graduation _____

REQUIREMENTS

Required Prerequisites

1) Do you have a current CPR certification?
   Yes ☐ No ☐ In process of training ☐ Date of training _____
2) Have you done at least 1 personal colon hydrotherapy treatment?
   Please list location and date _____
   _____

ENROLLMENT AGREEMENT
FOR IGS PROFESSIONAL CERTIFICATION
32-HOUR COLON HYDROTHERAPY TRAINING

AGREEMENT

This is a binding agreement (the "Agreement") between

(print your first and last name) _____ (the "Student") and the Inner Garden School of Colon Hydrotherapy and Sue Wilde (the "Instructor") effective on this day _____ of _____, 20____ for the IGS Professional Certification, a 32-hour Colon Hydrotherapy Training (the "Training").

PROGRAM STRUCTURE

This Training will take place live, in person in the presence of Instructor, over approximately a 4-5 day consecutive period. There is no possibility of distance or virtual learning for this part of the course.
This training will include the following topics:

- Anatomy and Physiology of the alimentary tract
- Health and Sanitation
    - Equipment and room preparation
    - Post session sanitation and disinfection
- Office procedures
    - Client engagement procedures
    - Intake and consent forms procedures
- Practicum
    - Client session procedures
    - Understanding pathology (contraindications)
    - Using additives - chlorophyll and electrolytes, coffee, and probiotics
    - Includes 16 client sessions - giving, receiving, and observing sessions

Equipment

Student will be receiving training on the closed system equipment: Aquanet EC-2000.

Manual

Student will receive a robust comprehensive training manual.

Attendance and Missed Training

100% attendance is expected for the 32 hours of in-person training with Instructor.

CODE OF CONDUCT

Student will conduct themselves in a professional manner at all times during the Training including and not limited to: the in-person training sessions, the classroom sessions, and in the building where the training is to be held. This includes during the practicum portion of the training - 16 colon hydrotherapy sessions with clients. Based on the discretion of the Instructor, if any misconduct occurs, at any point the Student may be asked to leave or be dismissed from the training with no possibility of refund.

TUITION AND PAYMENT SCHEDULE

TUITION

The tuition fee is $2,999 CAD + GST.

The tuition fee includes enrollment into the IGS Professional Certification, as outlined in the section “Program Structure.” Also included is the Inner Garden “Hands On” training manual, supplies, materials or any other goods related to the instruction offered in this Agreement. This does not include suggested reading material or elective books.

Fee is payable to Inner Garden Health by cheque, e-transfer, or credit card - *Please note: paying with credit card incurs an additional 2% processing fee.*

CERTIFICATION

Upon successful completion of this course, Student will receive a “Certificate of Completion” from Inner Garden School of Colon hydrotherapy. The title student will receive is “Colon Hydrotherapist”.

To receive the title and credential of “Professional Certified Colon Hydrotherapist, “ Student will need to successfully complete the I-ACT Professional Certification - Completion Program (please see below).

I-ACT PROFESSIONAL CERTIFICATION - COMPLETION PROGRAM

Student may elect to become certified with the International Association for Colon Hydrotherapy (I-ACT) after this Training. To do so, it will require other prerequisites, a non-refundable fee in USD to be paid directly to I-ACT, 200 hrs of online learning, an additional 4-5 day in person training, and the taking of the credentialing exam - NBCHT. After all requirements have been successfully completed and met, the Student will receive the credential of “Professional Certified Colon Hydrotherapist” and will receive certificates from I-ACT and NBCHT stating as such. This credential applies internationally. If there is interest, Student can discuss this further with Instructor.

OTHER FEES

ACCOMMODATIONS and TRAVEL

If Student is coming from out-of-town or out-of-country, they are solely responsible for the payment and arrangement of accommodations, travel and meals for the duration of the in-person training. If training is postponed or cancelled, any change or cancellation fees are also the sole responsibility of the Student.

SUGGESTED READING

At their own expense, Student may elect to order and purchase these optional reading materials:

- *The Definitive Guide to Colon Hydrotherapy*, by Dr. Stephen Holt
- *Fundamentals of Anatomy and Physiology,* by Dr. Donald C. Rizzo

BUYER'S RIGHT TO CANCEL

Student has the right to withdraw from the Training at any time. Any notification of withdrawal or cancellation and any requests for a refund must be made in writing. Inner Garden School of Colon Hydrotherapy shall pay or credit refunds due within 30 days following the date upon which the student's withdrawal has been determined.

REFUND POLICY FOR TUITION FEES

Inner Garden School of Colon Hydrotherapy will, without penalty or obligation, refund 100 percent of the amount paid for institutional charges, **less a non-refundable deposit of five hundred dollars ($500)** if written notice of cancellation is made anytime up until **1 month prior to the start of the in person training**.

If written notice is given any time ***AFTER*** **1 month prior to the start of the in person training**, you may either:

1. Transfer your tuition fees paid to a future in person training. You have 1 year or up to 2 future in person trainings to apply your fees.
2. Or refund table is as follows:

REFUND TABLE 1 MONTH PRIOR TO IN PERSON TRAINING

What Students are entitled to when withdrawing or terminating	**Refund**
Within 1st week	75% refund less Non-refundable $500
Within 2nd week	50% refundable Non-refundable $500
Within 3rd week	25% refundable less Non-refundable $500
Within 4th week	Non-refundable

REFUND TABLE ONCE IN PERSON TRAINING STARTS

What Students are entitled to when withdrawing or terminating	**Refund**
Within the first day	Full refund less Non-refundable $500
Within Day 2 to 3	75% refund less Non-refundable $500
Within Day 3 to 5	50% refundable Non-refundable $500
Within Days 5-7	25% refundable less Non-refundable $500
Within Days 8 and until the course is completed	Non-refundable

1. The Student may cancel this contract prior to midnight of the third business day after signing this contract.
2. All refunds will be made within 30 days from the date of termination.
3. If the school has given you any manuals, hardcopy or virtual, or other materials (“Equipment”), you shall return it to the school within 30 days following the date of notice of cancellation. If you fail to return this Equipment, the school may deduct its cost for the Equipment from any refund that may be due to you. ie. the cost for the manual is $100.
4. Inner Garden may cancel or change this training at any time for any reason. We will give as much notice as possible.
5. If there is not enough enrollment for the in person training (minimum 4 people), all of your paid fees will be automatically transferred to the next in person training.
6. The Student will receive a full refund of tuition and fees paid if Inner

Garden School of Colon Hydrotherapy discontinues the course.

By signing below, I acknowledge that I have read and understood the terms of this Agreement. The Training schedule is subject to change. The Student will be notified with sufficient time to make necessary changes. Your space in the Training is saved once we receive your completed and signed forms and deposit. This Agreement is a legally binding instrument when signed by the Student and accepted by the school and Instructor. I will receive a signed copy of this Enrollment Agreement.

Student Signature _____

Printed Student first and last name _____

Today'sDate _____

Instructor Signature _____

Printed Instructor first and last name _____

Today's Date _____

PAYMENT INFORMATION

1) I am paying the **$2,999 CAD + GST Tuition Fee by:**

- ☐ Cheque payable to: Inner Garden Health
- ☐ E-transfer, to info@innergardenhealth.ca
- ☐ Credit card (+ an additional 2% processing fee)
  - ☐ Name on Card_____
  - ☐ Card #_____ Security code_____
  - ☐ Expiry date_____ CC Postal Code/Zip_____

_____

Signature Date

CHECK LIST

Please make sure have ***fully*** completed the following items and are sending us:

- ☐ Completed Registration form
- ☐ Copy of current CPR card (or have given us status on when this will be sent)
- ☐ Completed Enrollment Agreement - signed and dated
- ☐ Completed Payment Information form - signed and dated

Please email **ALL** of your documentation to:

info@innergardenhealth.ca