

**IBHS-INTEGRATED BEHAVIORAL HEALTH SOLUTIONS PLLC**

**WORKSHOP REGISTRATION FORM**

Please save form complete form/attach to email Att: [sdempsey@ibhsol.com](mailto:sdempsey@ibhsol.com)

Or print form, complete form e-fax completed form Att: 844-273-1785

(Please Print)									
PARTICIPANT INFORMATION									
Name of the Workshop You Are Registering For?					Starting Date:				
					<input type="checkbox"/> 4 Week Workshop <input type="checkbox"/> 6 Week Workshop <input type="checkbox"/> 8 Week Workshop				
Participants last name:			First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one)		
					Single / Mar / Div / Sep / Wid				
Is this your legal name?		If not, what is your legal name?		(Former name):		Birth date:		Age:	Sex:
<input type="checkbox"/> Yes	<input type="checkbox"/> No					/ /			<input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Email Address:			Cellphone no.:		
							( )		
P.O. box:		City:			State:		ZIP Code:		
Occupation:									
Raised in Guilford County				<input type="checkbox"/> Date moved to GSO			From		
<input type="checkbox"/> Yes <input type="checkbox"/> No									

IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):		Relationship to Participant:	Home phone no.:	Work phone no.:
			( )	( )

Waiver of Liability
I, _____ will not hold IBHS-Integrated Behavioral Health Solutions PLLC of Greensboro NC or any of its representatives responsible for any accident or injury incurred as a result of my participation in programs, workshops or services available at this agency Signed: _____ Date: ____/____/____

Photo & Picture Release
<p align="center"><b>Please read and sign the statement below which applies to you and your wishes</b></p> I, _____ give my permission to IBHS - Integrated Behavioral Health Solutions PLLC to use without limitation or obligation photographs, pictures, or film footage, which may include my image or voice for purposes of promoting IBHS Workshops including postings on Facebook or IBHS Website Signed: _____ Date: ____/____/____
<b>OR</b>
I, _____ <b>DO NOT</b> give my permission to IBHS - Integrated Behavioral Health Solutions PLLC to use without limitation or obligation photographs, pictures, or film footage, which may include my image or voice for purposes of promoting IBHS Workshops or IBHS Website. I understand that if I do NOT wish to be photographed, film footage, or otherwise recorded it is my responsibility to inform the IBHS Representative of my wishes.  Signed: _____ Date: _____