

Balance Orlando
Training Model Application

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

How did you hear about this opportunity? _____

Why are you interested in being a massage/bodywork training model?

Do you have any injuries or surgeries? _____

Any car accidents or falls? _____

Do you have any past traumatic experiences (we respect this is a very vulnerable question; You can opt out)?

Do you have any known health conditions (provide details)?

Have you had bodywork before? _____

If so, tell us about your experience: _____

What is your occupation? _____

What are your daily activities? _____

What are your levels of stress (0= None to 10= Extremely Stressed)?

How do you manage your stress? _____

Are you available on Wednesdays from 12:30pm - 2pm? YES NO

Can you commit to at least 3 - 5 consecutive training sessions? YES NO

Do you consent to being touched by multiple trainees under supervision? YES NO

Sessions are filmed and used for both educational and marketing purposes. Do you consent to sessions being filmed and published? YES NO

Signature: _____

Printed Name: _____ Date: _____