



# SEMINAR REGISTRATION & CONSENT FORM

**All 12 Hour Live / In Person Seminars Start at 7:00 AM – 6:30 PM**

Porteous-Basch Seminars / Academy of Chiropractic Arts & Science / Larry Basch Chiropractic Inc. Ph. 951-603-0052 © 2025 LBC, Inc.

## 1. COMPLETE REGISTRATION - Please **PRINT LEGIBLY** and check spelling:

*This Information is used by the California State Board of Chiropractic Examiners for YOUR License Renewal.*

**\* Print Legibly\***

**\*Print Legibly\***

**\*Print Legibly\***

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DC LICENSE #: \_\_\_\_\_ BIRTH MONTH \_\_\_\_\_

PRINT E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_ .COM \* Your Certificates will be Emailed

BOARD LISTED CLINIC ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CLINIC PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_

## 2. SELECT COURSE PAYMENT

☐ CASH Pay at the Door \*Discount is \$10 off Full Price for LIVE CEU only 24 hr (\$250) or 12 hr (\$190)

☐ CHECK \*payable to ACASCEU ☐ CREDIT CARD/DEBIT CARD

☐ ONE-DAY **24 Hours COMBO CEU** 12 Hours **LIVE** & 12 Hours **DISTANCE LEARNING** \$260.00

☐ ONE-DAY **LIVE** 12 Hours CEU **LIVE** Only \$200.00

☐ 12 Hours **DISTANCE LEARNING** CEU only \$200.00

☐ 2 – 6 Hours CEU **LIVE** \$130.00

☐ 2 – 6 Hours CEU **DISTANCE LEARNING** \$130.00

☐ ½ - DAY – 12 Hours CEU 6 LIVE + 6 DISTANCE LEARNING or Two- ½ DAYS LIVE \$200.00

☐ **DOT MEDICAL EXAMINER TRAINING DISTANCE LEARNING COURSE** \$325.00

☐ **DUPLICATE CERTIFICATE OF COMPLETION** \$70 Each

*Request for a CA Chiro Board Approved Duplicate / Lost CEU Certificate MUST be in writing via Email with your payment, and Full Name, DC License Number, Date of CEU Completion*

**PLEASE E-MAIL all Questions & This Completed Registration Form to: **ACASCEU1@GMAIL.COM****

Office: 951-603-0052

### 3. INFORMED CONSENT / Release of Liability / Consent for Demo Treatment / Therapy, Photo, Video

- I hereby consent to attend this seminar/event/lecture presented by Academy of Chiropractic Arts & Science / ACASCEU.com / Dr. Porteous Seminars / Dr. Larry Basch, D.C. / Larry Basch Chiropractic Inc., and its affiliates, here to referred to as "the COMPANY", and agree to the policies of this consent form and the use of the event facilities, and all its hosting properties and the services of COMPANY, and I hereby agree to the following:
- Assumption of the Risks and Release of Liability. I agree to observe all oral and posted instructions, rules and warnings within the host facility and directions given by the host facility or COMPANY. I recognize that there are certain inherent risks associated with daily activities with the use of this or any host facility, including any lecture room, furniture, hallways, restrooms, lobby, external sidewalks, parking lots and any and all other host property and I assume full responsibility for any personal injury to myself, and further release and discharge COMPANY for any injury, theft, loss or damage arising out of my use of the hosting facilities whether caused by the fault of myself, my family, COMPANY or other third parties.
- Indemnification. I agree to indemnify, defend and release COMPANY against all liabilities, claims, causes of action, damages, judgments, costs, or expenses, including medical, attorney fees, other litigation costs, which may arise from use of the host facilities of COMPANY.
- Fees. I agree to pay for damages caused by my negligent, reckless, or willful actions by me, to the hosting facilities used by the COMPANY.
- Applicable Law. Any legal or equitable claim that may arise from participation in the above shall be resolved under California law.
- During the event, I may elect to receive elective, complementary treatment or demo therapy any of the following: Joint Manipulation, Joint Mobilization, Myofascial therapies, Pulsed Electro Magnetic Field / PEMF therapy, Shockwave, Whole Body Vibration, LED, Laser, Deep Muscle Stimulator, ArthroStim or other demo therapies available at this event. I agree to share my contact info with the various demo companies. There may be temporary mild pain &/or soreness from some of the demo therapies or treatments which are commonly used in clinics in the USA. I agree to hold the COMPANY and its associates or authorized representatives harmless from any and all liability involved from attendance at this event facility and in the use of any of these therapies and I understand that other risks associated with any of the presented therapies are unforeseeable and that this COMPANY, the demonstrator, the manufacturer, the marketer, employees, agents and affiliates cannot accept any liability for loss or damages incurred as the result of the voluntary demonstration therapy session. I have read this form and voluntarily agree to receive demo therapy session on my person assuming all liability for any and all results or consequences. The COMPANY and their affiliates have explained this treatment to me and answered my questions. I have reviewed and understand the information provided regarding this treatment and I consent to the demo treatments.
- During the event, the COMPANY may take photos or videos at the event, I may verbally opt out to being photographed or videoed by informing the COMPANY, otherwise, I hereby grant the COMPANY, the irrevocable right and permission to use photographs and/or video recordings of me arising from my participation in the COMPANY'S events, demo's, lecture and on websites, publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files, are and shall remain the sole property of the COMPANY. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I understand and agree that I will Not have an opportunity to review the final products before they may be used, published or distributed. I hereby release, acquit, and forever discharge COMPANY, and its current and former trustees, agents, officers, and affiliates, from all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation. I acknowledge that my participation in the photo and video portions of this event is completely voluntary, as is my consent to the photo /video release. I can opt out of any photo or video by stating this to the COMPANY. I understand that no action will be taken against me should I decline to participate in the photo/video portions of these events. This release is binding on me and my heirs, assigns and personal representatives.
- No Duress. By my signature below, I agree and acknowledge that I am under no pressure or duress to sign this Registration & Informed Consent Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that COMPANY may refund any seminar fees I have paid for this event if I choose not to sign this Agreement however, I will not obtain any Chiropractic CEU credit. I have read this document and understand it. I further understand that by signing this release, I voluntarily release the COMPANY of all liability and agree I will take no legal action against the COMPANY for attending this event.

### 4. SELECT COURSE DATE *Print Live Seminar DATE* \_\_\_\_\_

### 5. SELECT LIVE CEU LOCATION ☐ Other \_\_\_\_\_

☐ Carlsbad ☐ La Palma ☐ Tustin ☐ Corona ☐ Whittier-SCUHS Campus

### 6. SIGNATURE \_\_\_\_\_

*By my Signature above, I agree with all sections of this Seminar Registration and Informed Consent*

**\*Please E-Mail This Completed Form to [ACASCEU1@gmail.com](mailto:ACASCEU1@gmail.com) for Pre-Registration**  
**AND \* ALSO PLEASE BRING THIS FORM TO THE SEMINAR\***

**Walk In Registration at 6:45 AM Lecture Start at 7:00 AM -12:30 Lunch PM Lecture 1:25- 6:30 PM**

CA Chiro Board Rules for CEU: *You must be ON TIME & Present, and paying attention to the lectures to earn CEU credit*