

ORIENT LAND TRUST
P.O. Box 65
Villa Grove, CO 81155-0065
Tel: 719.256.5212 or 719.256.4315
www.olt.org

A Colorado 501(c)(3) Corporation

**APPLICATION TO PROVIDE MASSAGE or other HANDS-ON THERAPY SERVICES AT
ORIENT LAND TRUST - VALLEY VIEW HOT SPRINGS**

Please print legibly and complete the entire application. You may attach additional pages or resume.

Name _____

Mailing Address _____

Residence Address _____

Home phone _____ Cell phone _____ Email _____

Colorado Massage Therapist License # _____ Expires _____

Professional Liability Insurance through _____

Policy # _____ Expires _____

Attach a copy of your Colorado Massage Therapist license and certificate of insurance to application.

Number of years experience as massage therapist _____

Massage techniques you are proficient in (list all that apply): _____

Please list two professional references, and include addresses and phone numbers.

Name _____ Phone: _____

Address _____

Name _____ Phone: _____

Address _____

Why do you want to provide massage at Orient Land Trust? _____

Any other information you wish to include: _____

The following are conditions for being allowed to provide MASSAGE or other HANDS-ON THERAPY services at Orient Land Trust. Please confirm your understanding and acceptance of the conditions by **initialing** next to each:

- _____ 1. I have received a copy of, and I have read, understand and agree to comply with, Orient Land Trust's Vendor Policy effective May 1, 2010, and as it may be amended from time to time.
- _____ 2. My status as a massage therapist who is allowed to provide massage services at Orient Land Trust is in no way a permanent status, and this status may be revoked at any time.
- _____ 3. My being allowed to provide massage services at Orient Land Trust in no way constitutes an endorsement of my services by Orient Land Trust.
- _____ 4. I am not an employee of Orient Land Trust and operate strictly as an independent contractor.
- _____ 5. I am registered as a massage therapist with the Colorado Division of Regulatory Agencies, Division of Registrations, Office of Massage Therapist Registration, and I comply with all local, state, and federal (if any) licensing laws, rules and regulations. If there is any change to the status of my state license, I will inform Orient Land Trust immediately and will provide the appropriate documentation.
- _____ 6. I carry professional liability insurance as required by the State of Colorado. This policy must list Orient Land Trust as an additional insured, and I must provide proof of such current insurance to OLT. If there is any change to my insured status, I will inform Orient Land Trust immediately and will provide the appropriate documentation.
- _____ 7. I must maintain a professional, friendly manner in all my interactions with OLT visitors, staff and volunteers, which includes adhering to the letter and spirit of the OLT Visitor Guidelines as may be amended from time to time.
- _____ 8. I must utilize sheet draping protocols as are appropriate and desired by each client.
- _____ 9. I must have complete and legible waiver-release forms completed and signed by each client and will return them to the OLT Office Staff at the end of each day.
- _____ 10. I must create a positive experience for my clients through a professional, friendly and helpful attitude with my clients and other Vendors utilizing the massage deck.
- _____ 11. I must maintain a professional and clean appearance of self and workspace.
- _____ 12. I understand that access to the massage deck is based on and subject to regular OLT visitor, member and reservation policies.

- _____ 13. I give my permission to OLT to list on its website and in other public-accessible locations on OLT property my name as a massage therapist allowed to provide massage services at OLT.
- _____ 14. I am paying with this application a one-time \$20 non-refundable application fee.
- _____ 15. I understand that Orient Land Trust reserves the right to amend or add to these conditions at any time.
- _____ 16. I acknowledge and understand that OLT has absolute discretion to remove a Vendor from OLT property at any time for misconduct or other reasons, in which case my daily rental fee for use of the massage deck or the Soaking Pond for Watsu therapy shall be forfeited.
- _____ 17. I understand and agree to abide by the hours of use for the massage deck, which are from sunrise to sunset.
- _____ 18. I acknowledge and understand that OLT now strictly prohibits massage or other hands-on therapies for pay or trade being performed at any location other than the massage deck, except for Watsu therapy, and I agree to abide by this rule.

I certify that the information contained in this application is true and complete to the best of my knowledge.

Signature _____ Date _____

You will be informed of your status concerning providing massage services at Orient Land Trust (OLT) within one week of submitting your application. If OLT allows you to provide massage services at OLT based on your application, you will be required to provide proof that Orient Land Trust is listed as an additional insured on your liability insurance policy before providing services.

Return this application with \$20 nonrefundable application fee to:

Orient Land Trust
PO Box 65
Villa Grove, CO 81155

info@olt.org
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