



Dr. Vodder School™

STUDENT AGREEMENT

**to the constraints of the Basic Body Course for Therapists in the
Dr Vodder method of Manual Lymph Drainage.**

1. I agree that I will only apply the skills learned in the Basic Body course training to healthy individuals.
2. I agree that I will neither perform nor claim to do therapy with Manual Lymph Drainage.
3. I agree that I will not teach the Dr Vodder method of Manual Lymph Drainage in any form.

Name (please print): _____ Date: _____

Address: _____

Course Location: _____

Date of Course: _____

Signature: _____