



**STUDENT AGREEMENT  
THERAPIST**

**to the constraints of the Therapy 1 Course in the  
Dr Vodder method of Manual Lymph Drainage.**

1. I agree that I will not perform lymphoedema treatment specifically with Manual Lymph Drainage until I have been certified at the Therapy III level by the Dr Vodder School.
2. I agree that I will not teach the Dr Vodder method of Manual Lymph Drainage in any form.
3. If my purpose for training in this method is to aid a relative, I agree to apply my training to this relative only.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Course Location:

Date of Course:

Signature: \_\_\_\_\_