



**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: \_\_\_\_\_