



Dr. Vodder School™
INTERNATIONAL
Authorized by the original Dr. Vodder Schule - Austria

STUDENT AGREEMENT THERAPISTS

Upon completion of the Therapy III course in
Dr. Vodder's Manual Lymph Drainage / Combined Decongestive Therapy

I hereby agree to use the Dr. Vodder method of Manual Lymph Drainage and Combined Decongestive Therapy within the professional practice acts, which govern my profession in the states, or provinces in which I practice.

I understand that as a graduate of the Therapy III level of the Dr. Vodder School training, I am not certified to teach Dr. Vodder's Manual Lymph Drainage and Combined Decongestive Therapy.

I agree not to teach Manual Lymph Drainage and Combined Decongestive Therapy in any capacity, unless certified to do so by the Dr. Vodder School. If I choose to demonstrate techniques to partners of patients I am treating, I accept full responsibility for such demonstration and outcome.

I realise that my certification as a therapist in Manual Lymph Drainage and Combined Decongestive Therapy is contingent upon participation at least once every two years in a Review or Therapy II course organised by the Dr. Vodder School.

I understand that infringement of this agreement will result in loss of my certification as a therapist in Manual Lymph Drainage and Combined Decongestive Therapy.

Signature: _____

(Please print)

Name:

Date:

Address:

Course location:

The Dr. Vodder School / Academy does **not** share or sell student contact information to outside groups or individuals. Do you consent to the Dr. Vodder School / Academy contacting you via email about upcoming courses and products available?

(please circle one) Yes / No Signature _____

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