



**MILNE INSTITUTE INC.**  
**VISIONARY CRANIOSACRAL WORK™ CERTIFICATION PROGRAM**

***AGREEMENT***

This is an agreement between Milne Institute Inc. (hereinafter referred to as “Teacher”) and

\_\_\_\_\_  
 (PRINT NAME)

(hereinafter referred to as “Student”). Student has applied to Milne Institute Inc.’s Visionary Craniosacral Certification Program (hereinafter referred to as “Program”). Teacher agrees and, as a condition for acceptance into this program, Student agrees to be bound by the following terms:

**1. Limitation on use of the terms “Milne Institute Inc.” and “Visionary Craniosacral Work” and all trademarks and logos associated with said terms.** Student shall not use the terms “Milne Institute Inc.” and “Visionary Craniosacral Work” or any of the trademarks or logos associated with said terms in teaching or offering to teach craniosacral practice until Student is fully certified in the Program and has been given written approval to teach or practice Visionary Craniosacral Work by Milne Institute Inc. In addition, Student shall not use the terms “Milne Institute Inc.” and “Visionary Craniosacral Work” or any of the trademarks or logos associated with said terms in identifying Student’s work with individuals until Student is fully certified in the practice.

**2. Intention of Program.** Milne Institute Inc.’s Visionary Craniosacral Certification Program is intended solely as a teaching program. In this regard Student and Teacher understand and agree as follows:

- a. Student is not entering this program in order to obtain treatment for any recognized illness, disease, or medically recognized condition (whether that condition is physical or psychological).
- b. Program does not offer nor provide therapy for any illness, disease, or medically recognized condition (whether that condition is physical or psychological).
- c. Program is presented by teacher solely as a learning opportunity by which Student may further his/her skill in and knowledge of craniosacral work.
- d. Teacher does not and will not, as part of the Program, diagnose medical conditions, or provide or perform medical services of any kind or nature.
- e. No part of the cost of this program can be reimbursed by or through medical insurance.

***Student and Teacher hereby agree to be bound by the above terms:***

STUDENT

MILNE INSTITUTE INC.

Signed: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit two copies of this signed Agreement. A copy signed by a representative of Milne Institute Inc. will be returned to you for your records.

***Visionary Craniosacral Work™***

**P. O. Box 220 Big Sur, CA 93920 USA**

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