



MILNE INSTITUTE INC.

CRANIOSACRAL CLASS AGREEMENT

This is an agreement between _____ (hereinafter referred to as 'Teacher') and
Name: _____ (hereinafter referred to as 'Student')
Address: _____ Phone: work: _____
home: _____
email: _____ fax: _____

Note: Requests may be made to share your contact information with other students to exchange practice sessions. At no other time will Milne Institute give out any student information to other parties. If you do not want your name shared, please initial here: []

For the following class:

Class Level: Date: Location:

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." or "Visionary Craniosacral Work" or any 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. Student and Teacher agree that the student does not seek treatment for any recognized illness, disease or medical condition as the reason for their enrollment. This class does not offer or provide therapy for any illness, disease or medically recognized condition. The class is a learning situation for students interested in furthering their skill and knowledge of craniosacral work. Teacher does not diagnose medical conditions or provide or perform a medical service of any kind during the craniosacral class or at any other time. No part of the cost of this class can be reimbursed by or through medical insurance.

Please state the Student's reasons for attending this craniosacral class:

3. Waiver of Liability. In consideration for my acceptance into Milne Institute Inc.'s _____ (hereinafter "class") I, for myself, my heirs, executors, administrators and assigns, do hereby waive and release any and all rights and claims for damages I have or may have against Milne Institute Inc., its principals, employees, teaching staff, any other persons acting in the name of and/or on behalf of Milne Institute Inc. by any reason of my participation in the class. This waiver of damages includes but is not limited to damages for injuries sustained or illnesses incurred during my participation in the classes or related to my participation in the classes or related to the facilities provided for the classes. In granting this waiver I acknowledge that I am physically fit to undertake this class and have not been advised otherwise by a qualified medical person; that I have, with this agreement, provided Milne Institute Inc. with a complete disclosure of any past injuries or current medical conditions that I have experienced or am experiencing now which might affect my ability to participate in the class or might affect other persons in the class; and, as a condition to my continuing participation in the class, I further agree to immediately inform Milne Institute Inc. of any medical conditions (illness or injury) which I begin to experience during the term of the class whether or not those conditions arise relative to my participation in the class or outside the class.

Please state here any past injuries or current medical conditions that might affect your ability to participate in the class or might affect other persons in the class:

4. Grant of Right to Disclose. In the event that I now have or may in the future have a physical condition or illness that might affect other persons in the class, I hereby grant Milne Institute Inc. the absolute right to inform other class participants of my condition and provide them the opportunity to choose whether or not they will interact with me during the class.

Student and Teacher hereby agree to the terms of service as set forth above:

STUDENT: _____ TEACHER: _____
DATE: _____ DATE: _____