



CRANIOSACRAL CLASS AGREEMENT

This is an agreement between _____ (hereinafter referred to as 'Teacher') and

Name _____ (hereinafter referred to as 'Student')

Address _____

_____ **Phone** _____

email _____

For the following class,

Class Level:

Date:

Location:

For learning, privacy, and Federal regulations in certain countries, **there is no filming, photography or audio recording in class, including during power point presentations.** Please initial here: _____

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 student information to other parties. If you do ***not*** want your name shared, initial here:

Safety, Respect and Boundaries: Milne Institute (MI) wishes to create and hold the safest and most skillful possible container for its teaching classes. Such a class allows that all the adults in the classroom can feel safe, learn what they came to class to learn, and to prevent days of stress that can be caused by a student using unskillful touch, words, or other interpersonal behavior.

We wish to communicate these policies to you, the student, in as clear and simple a manner as possible before class begins. Please read these pages carefully, and then sign and date them to attest that you have done so. Thank you.

Starting on the first day of every class, each student is asked to choose a partner to work with, and then begins to practice the demonstrated class techniques with that partner. For the safety, wellbeing and learning of everyone it is essential that we all take sacred care of one another. We ask that you make "I statements" and not "You statements." An example of an 'I statement' is when one student says to their partner, "I am not comfortable with this contact, I need a softer touch in order to feel safe." A 'You statement' is something like, "Your hands are like iron, and you are clumsy."

Language choices such as these, result in hurt feelings and a loss of trust in the sacred connection that is possible between two people in a sensitive learning situation.

If your partner chooses to no longer work with you, it becomes your responsibility to secure another partner. If you cannot secure a new partner, you will not be able to participate in the remainder of the class. A MI teacher or assistant teacher will sit with you to find out what steps, actions or words led to this situation, and offer you ways to self-correct, so that you may better hold a sacred space for your new partner (and for their clients, outside of class). If a second partner then refuses to continue to work with you, at that point you will be excused from the class, you will need to remove yourself from class, and you will not be eligible for any CEU credit, or financial refund of any kind, and you will not be able to reschedule in any other class with Milne Institute.

Please initial here to confirm you have read and understand this stipulation: _____ Date _____

1. Avocational

This is an avocational adult-education class. It is offered to licensed health care professionals who take this training to augment an existing skill or profession. This class does not lead to any form of state or national accreditation, or licensure.

Please initial here to confirm you have read and understand this:: _____ Date _____

2. Limitation on use of the terms “Milne Institute” 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” 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.

3. Intention of Program. Student and Teacher agree that the student does not seek treatment for any recognized illness, psychological or psychiatric condition, physical 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 and / or psychological conditions or provide or perform a medical or psychological 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 any medical insurance.

Please state here your (Student's) reasons for attending this craniosacral class,

4. 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 and psychologically 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 and/or psychological or psychiatric conditions that I have experienced, or am experiencing now, or are now or were in the past under treatment for, 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 or psychological / psychiatric 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, psychological or psychiatric conditions that might affect your ability to participate in the class, or might affect other persons in the class:

5. Grant of Right to Disclose. In the event that I now have or may, during the time of the class have a physical, psychological or psychiatric condition or illness that might affect other persons in the class, I hereby grant Milne Institute 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: _____