

YOUR 'STUDY BUDDY' AGREEMENT

AGREEMENT BETWEEN

1..... (name)
.....
.....(address)

and

2..... (name)
.....
.....(address)

and

3..... (name)
.....
.....(address)

We the undersigned individually confirm that we:

- a) Are qualified Massage therapists who are fully insured to practice Massage as a therapy in our respective countries
- b) Are fully committed to attending this training group on the days, times and locations agreed on this document for the purpose of learning a zero strain methodology that will protect our careers for as long as we utilise the principles and philosophy presented in this video course.
- c) Will watch each lesson's home study videos before the relevant training group and only start Semester 1 once each member of the group has watched all the pre-registration and pre-course videos.
- d) Are only willing to endorse each other to use these strokes (and the final treatment) in clinical practice when we deem them to feel both safe and professional as well as fulfilling all the 'observable observables' contained in the course documentation.
- e) Are only willing to use these strokes in clinical practice when endorsed to do so by our two colleagues.
- f) Are going to celebrate our successful completion of this course by..... (fill in your agreed celebration below)

AGREED TRAINING SCHEDULE:

| <u>DATES</u> | <u>LOCATION</u> | <u>TIMES</u> |
|--------------|-----------------|--------------|
|--------------|-----------------|--------------|

This agreement signed by

- | | |
|----|-------|
| 1) | date: |
| 2) | date: |
| 3) | date: |