

**Therapist
Consent / Waiver Form
Dr. Vodder School International Course**

Consent

The training for health care practitioners provided by Dr. Vodder School – International includes treatments for patients who have undergone or are undergoing treatment of conditions such as (but not limited to) gynaecological and breast cancer, hip and shoulder injuries. To comprehensively treat these and other conditions, application of MLD to sensitive areas of the body, including intra-oral, thorax and chest, abdomen, suprapubic area, inner thigh and buttocks may be clinically indicated. During the training program, demonstration and practice of treatments appropriate to these sensitive areas will be necessary. Appropriate draping will be maintained at all times and only the part of the body being demonstrated or practiced on is uncovered **(please initial _____)**

When treating patients, a health care professional is expected to comply with all aspects of the Standards of Practice related to their profession. While this training course is not considered as treatment of a patient, all participants are expected to practice in a safe, ethical and appropriate manner.

Waiver

I recognise that I am a participant in this practical course in order to further my knowledge and skill in Dr. Vodder's manual lymph drainage techniques and other related topics, according to the level of the instruction taught. I understand that I will practice on, and be practiced on, by other participants in the course, in order to learn these techniques. I release the instructor, and any teaching assistants, the sponsoring organization and the Dr. Vodder School International and hold them harmless from any and all liability, claims, damages, actions and cause of action whatsoever, for loss, damages or injury to persons or property. All practical classes will require hands-on work both on myself and on others. I agree to participate in all practical classes. **(please initial _____)**

Disclosure

I further agree to disclose in writing below all of my physical and medical conditions, limitations and sensitivities and agree to release and hold the instructor and any teaching assistants, the sponsoring organization and the Dr. Vodder School International, harmless from any liability, claims, damages, actions and causes of action in any way relating to or arising from said conditions, limitation or sensitivities. I expressly agree that all instruction and use of all facilities and equipment shall be undertaken at my own risk. I am physically and medically able to undertake any and all instruction provided. **(please initial _____)**

Please check any of the following conditions you currently have or for which you have been treated:

within the past six months:

Infection _____ Injuries _____ Flu _____ Contagious Diseases _____ Open wounds _____ Thrombosis _____

at any time:

Cancer _____ (indicate type and date),
with radiation _____ with lymph node removal _____.

Cardiac/pulmonary conditions _____ (indicate condition)

Other _____

Please list any concerns you may have or feel the instructor should know about:

There is nothing to report **(please initial _____)**

By participating in this class, I hereby give my written consent to be practiced on by the instructor and fellow participants in the course.

Name (please print):

Signature:

Date:

Course type:

Location:

The information you have provided to us voluntarily will be stored safely and in compliance with Privacy Policy regulations. If you wish to view our Privacy Policy, please contact us or visit our web site at www.vodderschool.com