



Dr. Vodder School™  
INTERNATIONAL  
Member of Dr. Vodder Academy International

## STUDENT AGREEMENT ESTHETICIANS

to the constraints of the BASIC Course for Estheticians  
in the Dr. Vodder method of Manual Lymph Drainage

MLD as taught to estheticians by the Dr. Vodder School is not a massage therapy technique. MLD is a light manual technique used on surface tissues of the neck, face and body to enhance beauty.

- 1) I agree to work within my current scope of practice, recognizing that I am not qualified to use the Dr. Vodder MLD techniques for anyone with a damaged lymph system.
- 2) The copyright of any material that has been supplied during my training with the Dr. Vodder School International / Dr. Vodder Academy International, remains the property of the Dr. Vodder School, and the certified Instructor presenting the material.
- 3) Respecting the authority of the Dr. Vodder School International / Dr. Vodder Academy International, I will not teach the techniques I have learned to other therapists and will not claim to teach MLD until I have completed the training according to the Dr. Vodder School International/Dr. Vodder Academy International instructor training program.
- 4) If my purpose for training in this method is to aid a relative who needs continuing Manual Lymphatic Drainage, I agree to apply my training only to this relative.

*The Dr. Vodder School / Academy does **not** share or sell student contact information to outside groups or individuals. Do you consent to the Dr. Vodder School / Academy contacting you via email about upcoming courses and products available? (please circle one) **Yes / No***

Signature \_\_\_\_\_

**Name (print):**

**Date:**

**Address:**

**Course location:**

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**Esthetician / Aromatherapist  
Consent / Waiver Form  
Dr. Vodder School International Course**

**Consent**

for Esthetician/Aromatherapists provided by Dr. Vodder School – International is intended for clients who have healthy, undamaged lymph vessel systems. To comprehensively work with these clients application of MLD to sensitive areas of the body, including thorax and chest, abdomen, inner thigh and buttocks may be necessary. During the training program, demonstration and practice of MLD techniques to these sensitive areas may be necessary, depending on which course is undertaken. 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 clients, an Esthetician/Aromatherapist 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 client, all participants are expected to practice in a safe, ethical and appropriate manner. (please initial \_\_\_\_\_)

**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](http://www.vodderschool.com)*