



Parent/Guardian Agreement

Educator: _____

Class Dates: _____

Class

Location: _____

City

State

Type of Venue

1) I understand that I am learning infant massage in order to share nurturing and compassionate touch with my child/dependent. If my child or I experience any pain and/or discomfort during any of the class time, it is my own responsibility, and not that of the instructor to stop or slow down my/our activity.

2) I understand that the physical & mental exercise(s) taught by the educator or performed by me in the course of the class(es) should not be construed as the substitute for medical examination, diagnosis or treatment, and I/my child or dependent should seek qualified medical assistance for any physical or mental ailment that I/we are aware of.

3) I/We understand that certified educators of infant massage are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the class(es) should be construed as such.

4) Because massage and/or exercise is contraindicated (should not be done) under certain medical conditions, I affirm that I have consulted my child's/dependent's health care professional prior to participation and/or I am participating with my child/dependent by my own choice in these classes/exercises. I understand that there shall be no liability on the educator's part, and that I am responsible to seek professional advice for my child/dependent for any reason.

5) I understand that I am responsible for my/our own attendance, and that missing any portion of the class series does not grant me make-up courses.

6) I also understand that should I require further information about this instructor, I may contact *Infant Massage USA* at www.infantmassageusa.org.

Parent/Caregiver Name(s)

Parent/Caregiver Signature

Date

Baby's Name

Baby's Date of Birth

Address

Phone Number and/or E-Mail Address

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