

CLASS POLICIES & PROCEDURES

* Respect others
* Be here and ready to start class on time
* Turn cell phones off
* 2 breaks provided, a.m. & p.m.
* 1-hour lunch break
* Please leave the classroom for any personal business
* Monthly tuition is due the 1st day of class each month prior to any materials being handed out. Any late payments will result in a $50 fee per month.
* If any class time is missed, it is the student’s responsibility to make arrangements with the instructor to make that class time up. Instructor rate is $100 per hour.
* All class materials, including but not limited to: flowcharts, worksheets, manuals, online materials, etc. are strictly the copyrighted property of Wellness Life Zone, LLC. and is not to be replicated in any manner other than what is indicated by WLZ for class purposes

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Initial

DISCLAIMER

I understand that this training DOES meet the standards of certification as required by the Utah Foot Zone Association along with Utah State requirements.

I am responsible to abide by all local and state laws, and do not hold Wellness Life Zone, LLC responsible for any unlawful actions on my part.

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Initial

AGREEMENT/DISCLAIMER

I understand it is my sole responsibility to check with local and State laws and abide by them if I choose to pursue this modality as a business.

I will abide by the Policies & Procedures and Bylaws of the Utah Foot Zone Association.

I understand that in order to work legally in the state of Utah I need to be “industry recognized” by one of the associations set forth by DOPL. The Utah Foot Zone Association is recognized by DOPL.

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Initial

CONFIDENTIALITY OF RECORDS

* I understand that the following information that is given to Wellness Life Zone can be used to inform and enlighten me regarding any courses, seminars, events and products sold or promoted by Wellness Life Zone, LLC: Name, address, phone/cell numbers, email, and all social media.
* I give permission to include my contact information in any directory that Wellness Life Zone, LLC or the Utah Foot Zone Association produces or is affiliated with.
* I give permission to release any information that is required by the Utah Foot Zone Association or the State of Utah
* I have the right to access my student records.

As a student and graduate of Wellness Life Zone, LLC I become a representative and example of this company. I do not hold this company, instructors or employees responsible for any of my actions that may be deemed negligent, immoral or unlawful.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the class policies & procedures, disclaimers and confidentiality of records.

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Signature of Student Date