



Wellness Life Zone™

F O O T Z O N E A C A D E M Y

FOOT ZONE SCHOLAR 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
- Tuition is due the 1st day of class 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

Initial

CERTIFY

I certify that I am currently a certified foot zone practitioner and have received my training from an approved UFZA training program, or the like.

Initial

DISCLAIMER

I understand that this training DOES NOT meet the standards of certification as required by the Utah Foot Zone Association along with Utah State requirements, but is considered a continued education course to advance my knowledge in the foot zone technique.

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.

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.

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

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.

Signature of Student

Date