

ZOE SCHLUSSEL MUSIC

VIOLIN. FIDDLE. MUSICIAN HEALTH.

www.zoeschlüssel.com

zoeschlüsselmusic@gmail.com

(530) 401-8991

Musician Health Lesson Agreement

LISTEN TO YOUR BODY - Nothing we do together should cause pain. Please communicate to me if anything we are doing is causing pain. We can always find another way to do something that works for your body. The movement exercises we do are for exploration and learning, not to push or stretch, and should cause no discomfort.

CANCELLATION POLICY - I have a 24-hour cancellation policy. **If a lesson is canceled, rescheduled, or no-showed with less than 24 hours notice, you will still be responsible for payment for that lesson.** If we schedule a make-up lesson, you will have to pay for that additional lesson.

PAYMENT - I accept lesson payments by cash or check (preferred), Venmo, Zelle, or PayPal (listed as a personal expense). Payments are due monthly at the beginning of the month unless we work out another payment plan.

LESSON RECORDINGS - You may do audio or video recordings during lessons to help you with the concepts at home. In doing so you are agreeing to use these recordings for your own personal use only and not to share, published, post, or reproduce them in any way.

INJURY RELEASE - By signing below you agree to the following: I understand that Zoe Schlüssel is not a medical professional or mental health professional. She is not qualified to give medical advice of any kind. I understand that nothing communicated during our lessons should be taken as medical advice or as a replacement for medical treatment. Everything we do together and any advice I follow is at my own risk.

INJURY RELEASE: ABME - I understand and acknowledge that playing any musical instrument comes with inherent risk of injury to one's body and joints, and understand and acknowledge that ABME (Association for Body Mapping Educators) and those providing content for ABME are not medical professionals and that no part of the content is meant or intended to be considered medical advice. I acknowledge that the ABME and its affiliated teachers encourage me to consult with a medical professional regarding any of the content shared on this training that I intend to utilize for my own purposes prior to such utilization. ABME recommends that in the event of injury, I seek medical treatment immediately.

Please initial:

_____ I have received a copy of this document.

_____ I have read this document in full.

_____ I agree with all stated information and policies.

_____ I agree to not share or reproduce in any way any recordings or images of these lessons.

_____ I understand that Zoe Schlüssel is not offering medical advice of any kind.

_____ I understand and will adhere to the Cancellation Policy whereby I am responsible for full payment of lessons canceled, rescheduled, or no-showed with less than 24-hours notice.

Name (*print*): _____

Signature: _____

Date: _____