

ZOE SCHLUSSEL MUSIC
VIOLIN. FIDDLE. MUSICIAN HEALTH.
www.zoeschlusssel.com
zoeschlussselmusic@gmail.com
(530) 401-8991

Musician Health Sessions Policies & Contract

COMMUNICATION I am always a message away. Please contact me if you ever have any questions between lessons. I never want you to be confused or lacking resources and feel you have to wait until the next lesson. I commit to communicating whatever I feel will best help you. Please do the same for me. Keep me updated with your progress at home and come to me with any questions or concerns. Additionally, I never want you to be in pain, please communicate to me if anything we are doing is causing pain and never push into or through pain. We can always find another way to do something that works for your body.

CANCELLATION POLICY I have a 24-hour cancellation policy. **If a lesson is canceled 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 at the beginning of the month unless we work out another payment plan.

LESSON MATERIALS *Notebook:* I recommend bringing a notebook or taking notes in your phone. *Recording:* you may do audio or video recordings during lessons to help you with the concepts at home (these recordings are for your use only and should not be shared or published in any way without my express written permission).

DISCLAIMER I, Zoe Schlusssel, am not a medical professional and am not qualified to give medical advice. Anything communicated during our sessions should not be taken as medical advice and is for you to follow at your own risk.

By signing below you agree to the following:

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 sessions.

_____ I understand that Zoe Schlusssel is not offering medical advice.

_____ I understand and will adhere to the Cancellation Policy whereby I am responsible for full payment of lessons canceled or rescheduled with less than 24-hours notice.

Name (*print*): _____

Signature: _____

Date: _____