

AGAPE HEALING ARTS

Health & Wellness Center

Teacher Name: _____

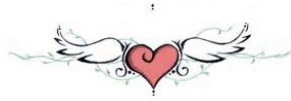
Date of class: _____ Time of Class: _____

By signing below I agree that I am participating in classes at Agape Healing Arts at my own risk and I fully accept responsibility should any injury occur. By signing below, I further agree, along with my successors and assigns, to hold Agape Healing Arts and its teachers, directors, practitioners & officers harmless in any way should any problem arise from my participation in classes at Agape Healing arts, including, but not limited to, personal injury. As with any physical activity, I have been encouraged to seek the approval of my physician or medical advisor prior to participating in classes at Agape Healing Arts.

Thank you for signing in:

Print Name:	Sign Name:	Payment Amount/Method
		\$ / cash or credit
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"LOVE WINS"



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Number of Students: _____

Amount collected in cash: _____ credit card: _____

Check list for Teachers:

BEFORE CLASS:

1. Did you arrive at AGAPE before class begins (10-15 min) to prepare and clean the space with sage and loving intention? _____

2. Did you put your name, date and time on the sign in sheet?

AFTER CLASS:

3. Did you turn off all lights and make sure all doors are locked?

4. Did you blow out all candles? _____

5. Did you sweep floor after your class? _____

6. Did you change the hand towels in bathroom with new ones under the sink and empty trash bin? _____

THANK YOU SO MUCH FOR YOUR HELP AND CONSIDERATION IN KEEPING OUR SACRED SPACE CLEAN AND ENERGY CLEAR.
NAMASTE.

"LOVE WINS"