



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

“LOVE WINS”



AGAPE HEALING ARTS

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Number of Students: _____

Amount collected in cash: _____ credit card: _____

Check list for Teachers:

BEFORE CLASS:

- Did you arrive at AGAPE before class begins (15-30 min) to prepare and clean the space with sage and loving intention?
- Did you put your name, date and time on the sign in sheet?

AFTER CLASS:

- Did you turn off all lights and make sure all doors are locked?
- Did you blow out all candles?
- Did you sweet floor after your class?
- Did you spot clean bathroom 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”