

# Loving Touch® Certified Infant Massage Instructor Training ILTF Waiver

I, the undersigned (print name) \_\_\_\_\_, upon being duly certified by the International Loving Touch Foundation, Inc. to be a Certified Infant Massage Instructor ("CIMI"), which constitutes considerable and valuable consideration. I do hereby agree to hold harmless and indemnify the International Loving Touch Foundation, Inc. and its Instructor Trainers, originators of the CIMI® and Loving Touch® Parent-Infant Program (collectively "ILTF"), whose international headquarters are located at 10735 SE Stark St, Suite 105 in Portland, Oregon 97216; P. O. Box 16374, 97292, USA, against any claim, demand, suit, action, proceeding, recovery of expense of any nature whatsoever arising out of or relating to my use or practice of teaching infant massage techniques. I understand that this program is a "parenting enrichment program" that emphasizes instructing/educating parents and/or primary caregivers in methods of Infant and Pediatric massage on infants/children.

I understand that the International Loving Touch Foundation, Inc. reserves the right to disqualify me as a CIMI® should there be sufficient evidence, determined in ILTF's sole discretion, that I have misused the Loving Touch Parent-Infant Massage Program in any manner. I agree not to use any ILTF materials or methods if my CIMI® certification is not granted, not in force, or canceled. CIMI® and Loving Touch® are registered trademarks and may only be used by **Active** CIMI's.

Further, I understand that my certification allows me to teach the techniques of the Loving Touch Parent-Infant Massage Program to parents/and or primary caregivers and their infants and children, to teach private and public sessions to the same, and to conduct in-services and provide educational information regarding the importance of touch through Infant and Pediatric massage.

I understand that my certification does not allow me to train or certify others to teach in the CIMI® program or the Loving Touch® Parent-Infant Massage Program. I agree that I will not train or certify others to be a Certified Infant Massage Instructor (CIMI®) without express written authorization and license to do so by ILTF.

I understand that I have permission to use the International Loving Touch® Foundation, Inc., logo images provided to me with the words "Registered Member." I have permission to copy the stroke technique sheets, informational sheets, forms, and certificates as provided through the Loving Touch website "MY CIMI® portal, and from the instructor workbook as indicated for use in my classes as "educational teaching aides." Notwithstanding the foregoing, I understand and acknowledge that I do not have permission from ILTF to replicate or revise the Loving Touch® program or strokes in a video or other electronic format without first obtaining express written authorization from the International Loving Touch Foundation, Inc.

Participant's Signature

Date

Address City

State

Postal Code

Country

ACTUAL CERTIFICATION DATE TO BE ASSIGNED BY ILTF UPON COMPLETION OF COURSE \_\_\_\_\_ 20\_\_\_\_