

Signature of Witness:

Non-Disclosure / Non-Compete Clause

	understand and agree	not to disclose of			
the attemp	ot, or in participation of	f any of the follo	wing actions:		
1.			Therapy School using any of the information, texts, test, receive while enrolled in the above facility		
2.		rticipant of such o	icipate in another Massage Therapy School, either by of such organization within a 100 mile radius, or within a		
3.			ovided to me are Copy written, and I will not make ritten consent from the above facility.		
4.	I will not instruct or attempt to instruct any classes I have received from the above fa for a time span of two (2) years. Either as a continuing education class or as a part to instructor in another school within the State of Arkansas, unless employed by Body Wellness.				a part time
5.	I will not turn over any documentation, papers, text, test, or other information received during the course of instruction to other schooling facilities, instructors, or others with the intent to utilize such information in their school or to open a schooling facility without prior written consent.				
break this suit in a lo	nd the above agreemer agreement. I also und ocal court of law. I wil will seek a settlement.	lerstand if I do ball be held to this	reak this agreement	, I will be held	l liable for
	ESS WHEREOF, THE DATE SET FOR		AVE EXECUTED	THIS AGR	EEMENT
Singed th	isda	y of		, 20	_•
Signature	of Student:				_
Signature	of Director:				_