

Signature of Witness:

Non-Disclosure / Non-Compete Clause

I,			a student of Body Well	ness Therapeut	ic Massage
	understand and agreet, or in participation	ee not to disclo	ose or compete against th	ne facility listed	d above by
1.			ssage Therapy School using any of the information, in any receive while enrolled in the above facility		texts, test,
2.	I will not attempt to open or participate in another Massage Therapy School being a director, or participant of such organization within a 100 mile raditwo (2) year time span.				
3.	I understand that all materials provided to me are Copy written, copies of such material without written consent from the above for				make
4.	I will not instruct or attempt to instruct any classes I have received from the above far for a time span of two (2) years. Either as a continuing education class or as a part 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	agreement. I also u	nderstand if I ovill be held to	d have no questions, reso do break this agreement, this agreement and Body	, I will be held	liable for
	ESS WHEREOF, THE DATE SET FO		ES HAVE EXECUTED N.	THIS AGRE	EMENT
Singed th	is	day of		, 20	
Signature	of Student:				_
Signature	of Director:				_