

APPENDIX J

ABUSE POLICY SIGNATURE PAGE

| All members of Feet Mediation And Skins Training Do | ard of Dife | ciois, co | JIISUIU | ams, |
|--|--------------|-----------|---------|-------|
| employees, volunteers and any persons associated with PM | MAST opera | ations ar | e requ | iired |
| to sign this policy annually, acknowledging they have rea | ad, understa | and and | accep | t the |
| terms of the policy as defined in PMAST's Governance de | ocument as | provide | ed. | |
| | | | | |
| I, | (Name) | have | read | and |
| understand the requirements and expectations in dealing with any and all types of abuse, | | | | |
| as outlined in Special Policies Section, under Abuse Policy of PMAST Governance | | | | |
| Document and agree to adhere to these requirements. | | | | |
| | | | | |
| | | | | _ |
| (Signature) | | | | |
| | | | | |
| | | | | |
| (Date) | | | | _ |

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