

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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