

**WAIVER AND CONSENT TO STUDENT MASSAGE**

By signing below, I authorize a student at the Massage School, who is NOT a licensed massage therapist, to administer massage services to me. I understand that it may not be safe to undergo a massage if I have certain medical conditions, injuries, or pregnancy, especially from a student who is not licensed and may not have the required training to administer massage services to individuals with certain medical conditions. The Massage School staff strongly encourages me to communicate with my physician about the potential benefits and risks of a massage from a student at the Massage School as it relates to my specific medical condition(s) before receiving a massage from an unlicensed student. I also agree to waive any claims of damages or liability against the students, staff or The Massage School itself, resulting from my experience at The Massage School. I understand that this massage is for relaxation purposes only.

Please sign here to indicate your understanding and acceptance:

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you have any medical conditions or injuries please list them here, and have your physician sign below:

\_\_\_\_\_  
\_\_\_\_\_

Physician's signature and printed name indicating that it is safe for this person to receive massage from a massage student who is not licensed or trained in the specifics of this person's medical condition

Physician's signature \_\_\_\_\_

Physician's printed name \_\_\_\_\_

Physician's license number \_\_\_\_\_

Physician's phone number \_\_\_\_\_

Physician's address \_\_\_\_\_

Today's Date: \_\_\_\_\_