



BOISE STATE UNIVERSITY

HEALTH SERVICES

Massage Services Consent

Last name (print)

First name (print)

Middle Initial

Date of Birth

University ID number

I, hereby authorize and consent to receive massage services. I understand that I may need to be referred by a University Health Services medical provider. I also understand that I may be required to have regular appointments with my medical provider to assess continuation of massage treatments.

I realize that massage treatments consist of various applied hand and arm techniques and pressure, stretches, oil/lotion application and energy work. Possible side effects from a massage, although very limited, include: soreness, bruising or emotional release. I understand that there are no stated or implied guarantees of success or effectiveness after a specific treatment or series of treatments. If I experience any pain during a massage session, I agree to immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage should not be considered a substitute for medical examination, diagnosis or treatment. I realize that massage therapists are not qualified to perform spinal or skeletal adjustments that involve chiropractic manipulation. Nor can they diagnose, prescribe or treat any physical or mental illness, and nothing said in the course of the session should be construed as such. Massage should not be performed under certain medical conditions; I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during the session and understand that there shall be no liability on the massage therapists part should I fail to do so.

If I feel uncomfortable with any treatment during the massage experience, I agree to inform the massage therapist immediately. I understand that either party may terminate the session if any illicit or sexually suggestive and inappropriate remarks are made.

I understand Boise State University, its employees and massage practitioners assume no liability in relation to my massage treatment. I also understand that the massage therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated. I understand that Boise State University cannot be held responsible for lost, stolen or missing items during a massage treatment.

I acknowledge that University Health Services has a strict policy against allowing children in the treatment room during massage therapy appointments. I understand that if I am unable to find alternative supervision for my child(ren) I will be asked to reschedule my massage appointment.

I hereby consent to be treated and acknowledge that I have read and understand the above informed consent statement.

Patient Signature: _____

Date: _____