

Massage Therapy Rules and Procedures

Booking Appointments

All clients must purchase a massage, either a single session or a multi-session package, prior to booking an appointment online. An order number, date of payment, and type of payment will be requested when booking the appointment. All appointments expire 90 days from the date of purchase, **no exceptions**. Unused sessions after 90 days are forfeited and will not be refunded.

Arrival to Your Appointment

Please arrive 5 minutes early to your scheduled appointment to allow time to meet the therapist, review paperwork, and ask any questions necessary prior to your session.

New client paperwork must be completed prior to receiving any massage service. If a client comes in with unfinished paperwork, session time will be utilized to complete the paperwork as services cannot begin until all paperwork is finished and reviewed by the therapist.

For the well-being of our therapists, if you have been sick in any way please be sure you have been symptom free for 48 hours before your appointment. Please also be sure to shower before your appointment if you are coming from a workout.

Rescheduling or Canceling Appointments

Clients wishing to reschedule or cancel appointments are able to do so in Setmore but all changes must be completed at least 24 hours before the start of the initially scheduled appointment. Cancellations made with less than 24 hours' notice will not be rescheduled or refunded.

Late Arrival and No Show Rules

Out of respect for the time of our therapists and other potential clients, **for 30 minute massages, the session will be forfeited and not refunded if the client is more than 5 minutes late. For 60 minute massages, the session will be forfeited and not refunded if the client is more than 20 minutes late.**

If a client no shows entirely to a scheduled appointment the session is considered forfeited and will not be rescheduled or refunded.

Scope of Practice

Our staff are trained and licensed therapists, but our services are not intended as an alternative for proper medical attention for specific conditions. Please refer to a medical doctor for any specific condition which requires medical treatment.

Respect for Clients Needs and Boundaries

Our Massage Therapists are happy to adjust pressure, temperature, musical volume, work longer on an area or move on if you request it.

The client may choose to: leave on as much clothing as needed for comfort, refuse any massage methods, stop massage at any time.

The client will always be modestly draped. Only the area being massaged will be undraped. The clients will be kept informed of the area to be massaged.

Confidentiality

We treat all client visits and conditions as confidential. As such, we will not discuss your visit with anybody outside of our staff without your express permission. You may choose to talk or not talk during the massage. Conversation will be guided by the client's direction. All medical paperwork will be securely stored and retained for three years after your final session with us unless you contact us in writing and ask us to destroy it sooner.

Massage Therapy Health History

What, if any, activities, movements, or positions are uncomfortable or difficult?				
Describe the activity, movement, or position	Date this started	How often do you notice this?	How does it impact you?	Felt this before?
			Low Moderate Severe	Y N
			Low Moderate Severe	Y N
			Low Moderate Severe	Y N

Please circle all of the areas that you are comfortable receiving a massage:

Pectorals (Chest) Feet Glutes Face Scalp Abdomen

Medications Currently Taking	What current medications, supplements, or herbs, if any, are you taking? _____

Injuries or Surgery		
Describe the injury, accident, or surgery	Date it occurred	Troubles you lately
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N

Illness or Other Conditions				
I have or had this condition:	Date(s) this started	Date(s) doctor diagnosed	Troubles you lately	Date last sought care
Arthritis			Y N	
Cancer, other tumor			Y N	
Carpal Tunnel Syndrome			Y N	
Chronic Fatigue Syndrome			Y N	
Diabetes			Y N	
Disk Problems (spine)			Y N	
Fibromyalgia			Y N	
Heart disease or attack			Y N	
High/Low Blood Pressure			Y N	
Infection or Inflammation			Y N	
Migraine headaches			Y N	
Osteoporosis			Y N	
Sciatica			Y N	
Stroke or CVA or TIA			Y N	
			Y N	
			Y N	

I understand that my accurate and complete medical history is needed to make decisions about my care. To the best of my knowledge, the above information is accurate and complete, and I will let you know if it changes.

Signature: _____ Date: _____

Office Use only: Date: _____	Paid: _____	Sessions: _____	Worker initials: _____
First Scheduled Appointment Date and Time: _____			

Massage Therapy Agreement

Please take a moment to carefully read the following information and sign where indicated.

If you have certain medical conditions or symptoms, massage therapy may be problematic for you. A referral from your primary health care provider may be required prior to treatment being provided.

If at any point during the massage I am uncomfortable or uneasy with the procedures being administered, and/or if I experience pain, I understand it is my responsibility to IMMEDIATELY inform the massage therapist, so that the procedures can be adjusted to a level of comfort or terminated.

I further understand that massage therapy is not a substitute for diagnosis and treatment by a medical or osteopathic doctor. What we discuss is not a replacement for their advice.

Please read the following rules about each visit. Your signature below confirms that you agree to:

Before each treatment

- Tell your therapist about any changes in your health since your last visit
- Remove all jewelry. If it is a wedding band or other item that must be left on, please inform your therapist.
- Leave on appropriate undergarments for your safety and comfort.

COVID-19 Safety Procedures

- On the day of a session, clients will conduct a Daily Self Check list, per Georgia Tech's recommendation, confirming you have no signs of illness. If you answer "yes" to any of the questions, please contact the CRC immediately to cancel your session.
- Upon entering the facility, clients and therapists will have their temperatures taken. Anyone with a temperature over 100.4 degrees will not be permitted into the facility.
- Clients and therapists will wear face coverings at all times during sessions.
- Clients are asked not to schedule a massage immediately after a workout and arrive showered.
- Conversation will be kept to a minimum to discuss session needs only.
- Clients are encouraged to take advantage of free campus testing sites within 5 days of a scheduled massage. If you are requested for following up testing or encouraged to isolate, please cancel your appointment ASAP and rescheduled after a confirmed negative test.

Throughout your visit

- Please ask questions about the procedures. Your therapist will be happy to keep you informed and comfortable.
- Always inform your therapist immediately upon any pain or discomfort.
- Refrain from making illicit or sexually suggestive remarks or actions. Any such behavior will result in immediate termination of the treatment.

I agree to provide complete and accurate information about my health history today, and to tell my massage therapist about any changes in the future. If I do not, it may result in the termination of this appointment and any future appointments with Campus Recreation Center's Massage Therapy Program.

Patient's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____



WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT & PHOTO RELEASE

THIS WAIVER SHALL BE SIGNED BY ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE

Name of Participant: _____ **(hereinafter "Participant")**

Many programs, activities and workshops involve risks of injury, property damage and other dangers associated with participation in such activities. Participant should realize that there are inherent risks, hazards and dangers involved that cannot be eliminated regardless of the care taken to avoid injuries. Dangers peculiar to such activities include, but are not limited to: 1) major injuries such as: hypothermia, broken bones, cardiac arrest/heart attack, eye injury or loss of sight, drowning, concussion, joint, ligament or back injuries and heat exhaustion; 2) minor injuries such as strains, sprains, bruises, scratches, cuts and abrasions.

Participant is additionally aware that there inherent risks, hazards and dangers involved in the training, preparation for, and travel to and from the Activity. It is the responsibility of Participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training. Georgia Institute of Technology does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK BY PARTICIPANT

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I understand and appreciate the risks that are inherent in the Activity and hereby assume all risks of damages or injury, including death that I may sustain while participating in or as a result of, or in any way growing out of the Activity, or in travel to and from such Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Activity.

PARTICIPANT'S INDEMNIFICATION AND HOLD HARMLESS

I agree to INDEMNIFY AND HOLD Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

MODEL RELEASE

For good and valuable consideration, the undersigned hereby grants the GEORGIA INSTITUTE OF TECHNOLOGY ("GIT") and the GEORGIA TECH RESEARCH CORPORATION ("GTRC") the absolute and irrevocable right and permission, in respect to the photographs, video tapes, motion pictures, recordings, or any other media (hereinafter collectively known as "Images") that GIT/GTRC has taken of me or my property, or minors in my care, or in which I may be included with others, to copyright the same, in GIT/GTRC's own name or otherwise, to use, re-use, publish, re-publish, and allow others to use, re-use, post, display, publish, re-publish, reproduce the same in whole or part, individually or in conjunction with other images, and in conjunction with any printed or electronic matter, in printed form, microfilm, electronic databases, CD-Rom, websites, online digital archives, or in any and all media now or hereafter known, and for any legitimate purpose whatsoever, and to use my name in connection therewith if GIT/GTRC so chooses. I hereby waive any right to inspect or approve the Images or any finished version incorporating the same.

The undersigned does hereby release and forever discharge GIT, GTRC, and the Board of Regents of the University System of Georgia, their members individually, and their officers, agents, and employees of any kind from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen, and unforeseen injuries, damages, and the consequences thereof resulting from the use of the Images, including without limitation any and all claims for libel or invasion of privacy.

I understand that the acceptance of this release and waiver of liability by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents, and employees.

This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of GIT, GTRC, and the Board of Regents of the University System of Georgia. I hereby certify that I am suffering under no legal disabilities and that I have read the above carefully before signing. This release shall be binding upon me and my heirs, legal representatives, and assigns. By signing below, I agree to the terms stated above and hereby certify that I am 18 years of age or older.

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE (READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in the Activity for which or in connection with which the Georgia Institute of Technology has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in the Activity, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with the Activity.

I further covenant and agree that for the consideration stated above I will not sue Georgia Institute of Technology, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my participation in the Activity. I understand that the acceptance of this release and covenant not to sue Georgia Institute of Technology or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. I have received a copy of this document and I certify that I am 18 years of age or older and suffering under no legal disabilities and that I have read the above carefully before signing.

Severability: The undersigned further expressly agrees that the foregoing WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (the "Agreement") is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion thereof is held by a court of competent jurisdiction to be invalid, it agrees that such provision will be deemed deleted from this Agreement without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of the remaining provisions.

NAME _____
(Please Print)

gtID # _____

Date _____

Signature

Massage Therapy
Activity

Signature of Parent or Guardian if Participant is under 18