



MASSAGE THERAPY INFORMED CONSENT

I, _____ (client) understand that massage therapy provided by FIU’s Student Health Services Wellness Center, is intended to enhance relaxation, reduce pain caused my muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

I understand that massage therapy is not a substitute for medical treatment or medications and that it is recommended that I concurrently work with my Primary caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medication, and that spinal manipulations are not part of massage therapy.

I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility the instructor, facility, organization or any persons involved with this massage.

It is my intention, by this instrument to exempt and relieve THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNIVERSITY, STATE OF FLORIDA, THE FLORIDA BOARD OF EDUCATION AS SUCCESSOR TO THE FLORIDA BOARD OF REGENTS, and their respective trustees, directors, officers, instructors, agents or employees from any liability for personal injury, property damage or death resulting from my participation with the massage and all activities incidental thereto.

I have read this release and understand all its terms, I execute it voluntarily, with full knowledge that I am relinquishing significant rights and incurring certain duties. Further, I acknowledge I have been afforded the opportunity to ask questions about this release and about the massage and that each question has been answered to my satisfaction.

Participant:

Witness:

Name (Print)

Name (Print)

Signature

Signature

Panther ID:

Date

Date