



--Winner of 2007 Biotone/COMTA Edu Scholarship Award--

Synergy Healing Arts Center & Massage School, INC.

13593 Monterey Lane, Blue Ridge Summit, PA 17214

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E-Mail: massage@synergymassage.edu Web Site: www.SynergyMassage.edu

STUDENT CLINIC AGREEMENT FORM

I, _____, have received a copy of the rules and regulations for the Student clinic operated by Synergy Healing Arts Center and Massage School.

I have read the rules and regulations, and I understand them. I understand that I may be removed from clinic if I fail to follow any and all policies and procedures of the student clinic. The massage procedures, information about massage in general, general benefits of massage, contraindication for massage, and possible alternatives have been explained to me. The qualifications of the massage professional and reporting measures for misconduct have been disclosed to me.

I understand that the student clinic is a low cost educational experience to allow students to improve their massage/bodywork skills. I understand when I am late, do not show up or provide a properly screened substitute client in a timely fashion that I diminish the educational quality of this clinic and I will be dismissed.

I understand that the massage/bodywork I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain, and to increase circulation. If I experience any pain or discomfort, I will immediately inform the massage/bodywork practitioner so that the pressure or methods can be adjusted to my comfort level. I understand that massage/bodywork professionals do not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatments, and nothing said or done during the sessions should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services. Because massage/bodywork should not be performed under certain circumstances, I agree to keep the massage practitioner updated as to any changes in my health profile, and I release the massage professional from any liability if I fail to do so.

Client's Signature _____ Date _____

Director's Signature _____ Date _____

Consent to Treat a Minor

By my signature I authorize the Student Clinic at Synergy Healing Arts Center and Massage School to provide massage/bodywork to my child or dependent.

Signature of Parent or Guardian _____ Date _____