

Central Arizona Valley Institute of Technology

Chair Massage Informed Consent

I, _____, (client) understand that the chair massage will be provided by a student in the CAVIT Massage Therapy Program. The student has received instruction and has performed chair massages on a limited number of other persons. The CAVIT Massage Therapy Teacher is present, and will directly supervise, but not provide, the chair massage. The massage is intended to enhance relaxation, reduce pain caused by 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 student does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the student of all my known physical conditions and medical conditions.

Client Signature

Date