



Student Clinic Client Waiver

I understand the massages offered in the student clinics of the MH Vicars School of Massage Therapy are for the purposes of the student learning experience and that part of the massage may be directed at a specific aspect of the student's current training.

I understand that personal health information may be shared amongst the supervisors and instructors of the program.

I understand all personal health information will be kept confidential.

I understand that the student therapist does not diagnose illness, disease, or any other physical or mental disorder.

I understand that services offered today, and in the future, are not a substitute for medical care and that any information provided by the therapist is for educational purposes only and is not diagnostically prescriptive in nature.

I have stated all of my known medical conditions on the intake form.

By signing this waiver, I release MH Vicars School of Massage Therapy Ltd, its students, and staff from any liability, past, present, and future, relating to treatment received at this clinic.

Client's name (please print): _____

Client's signature: _____

Today's date: _____

Would you like to be informed of upcoming clinics?

yes

no