

Client / Student Clinic Agreement

I, _____, agree to the following:

_____ My clinic treatments are for training purposes of my student massage therapist.

_____ I must arrive at the clinic at least 10 minutes before my appointment time.

_____ If I arrive late my treatment time will be reduced by the amount of time I am late.

_____ I understand that my therapist may be **male or female** and at the time of the appointment therapists **will not be changed because of gender**.

_____ I will not be guaranteed a particular student therapist at **any time**.

_____ I understand I will be receiving massages from student therapist of different skill levels and **will I not be allowed to request a student according to skill level**.

_____ I understand that I am receiving therapeutic treatments. Any inappropriate conduct and / or comments that make a student feel uncomfortable will result in my dismissal from any future clinic services.

_____ I recognize that I may not be the only client being treated at my appointment time so I will keep conversation to a minimum during my treatment.

_____ I will leave my cell phone on silent or I will turn my cell phone off before I am taken back to the clinic area for my treatment.

_____ I understand that my treatment session will be monitored periodically or in its entirety by the Clinic Supervisor and / or another student. This is done to evaluate the student's performance and ensure appropriate standards are being followed.

_____ The Virginia College Student Massage clinic will keep all of my personal and health information confidential and secure.

It is the student clinic's goal to provide a safe, clean environment for my treatments.

The student clinic will provide me with accurate information regarding any of the treatments that I receive upon request.

The student clinic will strive to keep all appointments on time.

Signature: _____ Date: _____

Please complete the other side.