

**Humber College, School of Hospitality, Recreation and Tourism  
Massage Therapy Student Clinic Waiver**

**The Humber College Institute of Technology and Advanced Learning  
(hereinafter referred to as "Humber College")**

**ACKNOWLEDGMENT OF CLINIC POLICIES**

**Patient Name:** \_\_\_\_\_ **Primary Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**WARNING! BY SIGNING THIS FORM, YOU AGREE TO WAIVE SOME IMPORTANT LEGAL RIGHTS  
PLEASE READ CAREFULLY!**

As a patient of Humber's Massage Therapy Student Clinic ("MTSC"), I understand the nature and purpose of the clinic and Humber College's associated rights and responsibilities.

**I confirm that I understand, accept and acknowledge the following:**

- Humber's Massage Therapy Student Clinic is an educational internship for second and third year massage therapy students ("MTSs"). As such, students are required to demonstrate knowledge and skills. I understand that, as a patient, I play an important role in this opportunity and my patience is appreciated as the students learn and progress.
- My massage therapy ("MT") appointment will consist of an assessment, massage techniques, other related modalities, and home care. At the MTSC, my appointment can range from 30 to 60 minutes, depending on the goals I have set with my student. The cost is per appointment not for an amount of time.
- My first appointment will consist of a comprehensive health history interview and physical assessment. While each student endeavors to provide massage techniques, this will not occur until the student has gathered enough information from his or her assessment to create a treatment plan so they can provide a safe and effective treatment.
- Massage Therapy is a regulated Health Care Profession. As such, I acknowledge that my appointment will be provided by a student in the massage therapy program at Humber College, who is not yet a registered member of the College of Massage Therapists of Ontario (CMTO). My MT appointment will be supervised by an Internship Instructor who is a member of the faculty of the School of Hospitality, Recreation and Tourism and a Registered Massage Therapist in good standing with the CMTO.
- A student will be assigned to me by the Internship Instructor based on the educational needs of the students. This means that I may not have the same student for each appointment in my treatment plan. I understand that I cannot request a student based on gender or other preferences.
- I agree to turn off my cell phone and place it with my belongings during my MT appointment. If I have an emergency that requires me to have my cell phone on, I will raise this with my student and the Internship Instructor.



**HUMBER**

School of Hospitality,  
Recreation & Tourism

- I understand students do not accept tips or gifts and I agree not to put the student in an awkward position by offering one.
- I understand that my personal and health information will be kept confidential within the privacy policy of the MTSC and will not be shared with anyone unless I provide written permission or it is required by law.
- I understand that if I have any questions or concerns about my care at the MTSC that I can discuss them with the Internship Instructor who has overseen my care or the Program Coordinator, Amanda Baskwill ([amanda.baskwill@humber.ca](mailto:amanda.baskwill@humber.ca) or 416.675.6622 ext. 5173).

**Furthermore, I agree and understand the risks related and I agree:**

- **To waive any and all claims** that I have or may have in the future against Humber College and its members, officers, employees, board of governors, students, agents, volunteers and independent contractors; and
- **To release, hold harmless and indemnify Humber College** from any and all liability for any injury, loss, expense, or damage of any kind sustained by myself or any person as a result of attending the Humber's Massage Therapy Student Clinic.

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, next of kin, executors, administrators and representatives, in the event of injury.

Signed this \_\_\_\_\_ day \_\_\_\_\_, 2017 at Humber College, Toronto, ON.

\_\_\_\_\_  
Signature of Participant  
(or Parent/Guardian if under 18 years of age)

\_\_\_\_\_  
Signature of Witness

I understand Humber College will take every reasonable effort to protect my privacy; if it is required, I give my consent to the release of my health records. Furthermore, I consent to the release of this declaration to any site requiring it.

Signed this \_\_\_\_\_ day \_\_\_\_\_, 2017 at Humber College, Toronto, ON.

\_\_\_\_\_  
Signature of Participant  
(or Guardian if under 18 years of age)

\_\_\_\_\_  
Signature of Witness