

## Massage Registration Packet

### Chair Massage Services Available for Purchase

Please select the service you would like to purchase.

	30 minute	45 minute	60 minute	90 minute
<b>Member</b>	<input type="checkbox"/> \$27	<input type="checkbox"/> \$44.50	<input type="checkbox"/> \$56	<input type="checkbox"/> \$80
<b>Non-Member</b>	<input type="checkbox"/> \$33	<input type="checkbox"/> \$49.50	<input type="checkbox"/> \$66	<input type="checkbox"/> \$85

Massage Therapist Preference: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list Massage Therapist name: \_\_\_\_\_

### Massage Therapy: For Office Use Only

	30 minute	45 minute	60 minute	90 minute
<b>Member</b>	<input type="checkbox"/> \$27	<input type="checkbox"/> \$44.50	<input type="checkbox"/> \$56	<input type="checkbox"/> \$80
<b>Non-Member</b>	<input type="checkbox"/> \$33	<input type="checkbox"/> \$49.50	<input type="checkbox"/> \$66	<input type="checkbox"/> \$85

#### **Promotion/Special:**

\_\_\_\_\_ Sessions = \$ \_\_\_\_\_

**Form of Payment:** (please circle) Credit Card/Debit Card      Check (#) \_\_\_\_\_      Cash      Gift Certificate

**Total \$** \_\_\_\_\_      **Staff Initial:** \_\_\_\_\_      **Invoice #** \_\_\_\_\_

## Massage Etiquette

In order to help make your massage therapy experience a positive one, we ask that you observe the following etiquette. Please take a moment to read through the following information and initial where appropriate.

### General Information (please initial):

- \_\_\_\_\_ Therapists cannot accept session payments; please pay for sessions at the SRC front desk.
- \_\_\_\_\_ Massage Sessions: once a session has been purchased and all forms are completed, massage session will be scheduled.
- \_\_\_\_\_ Late Policy: You are responsible for being on time for your appointment. Your massage therapist is only required to wait 10 minutes. If your session begins late it will only last until the end of the time that the session was scheduled.
- \_\_\_\_\_ Cancellation Policy: Clients must notify the administrative office at least 24 hours in advance to re-schedule an appointment. Failure to do so will result in forfeiture of the session. There will be NO REFUNDS and NO EXCEPTIONS. Your massage therapist is also responsible for giving 24 hour notice if he/she needs to cancel or re-schedule.
- \_\_\_\_\_ Remaining sessions: All sessions must be used by the end of the fiscal year (Sept. 1<sup>st</sup> – Aug. 31<sup>st</sup>). After the administrative office attempts to contact the client to schedule remaining sessions three consecutive times without a response from the client, all remaining sessions will be considered null and void. At this point the client will no longer be able to access these sessions (regardless of how many are left).
- \_\_\_\_\_ You are required to purchase sessions before you schedule or use them. If you have used all of your sessions and want to continue to utilize the chair massage service, you must purchase more sessions.
- \_\_\_\_\_ There are NO REFUNDS for sessions purchased.
- \_\_\_\_\_ If you feel a massage therapist or other Fitness and Wellness staff does not provide a sufficient level of customer service, please contact the Fitness & Wellness office at (936) 468-5835.

### Pre-Session Information:

- \_\_\_\_\_ Wear comfortable clothing (i.e. shorts, t-shirt and athletic shoes).
- \_\_\_\_\_ Drink plenty of fluids 24 hours before and after the session to ensure normal hydration and promote optimum benefits from the massage.
- \_\_\_\_\_ If you workout prior to a session, please shower and cool down before your appointment time.
- \_\_\_\_\_ Avoid tobacco, alcohol and caffeine at least 3 hours before your session.
- \_\_\_\_\_ Inform your therapist of any changes in your medical condition, any medicines and/or supplements you are taking.

### Session and Post-Session Information:

- \_\_\_\_\_ Massage sessions will not be performed if any of the following medical conditions are present: under the influence of alcohol or any drugs that promote or inhibit pain sensations, high fever, flu, cold like symptoms, contagious infectious diseases of the skin (such as poison ivy, rashes, open sores, hepatitis or pink eye). Other medical conditions may require physician's clearance before massage session.
- \_\_\_\_\_ Full professionalism respect and attention are paid to all clientele confidentiality, boundaries and individual needs.
- \_\_\_\_\_ Any illicit or sexually suggestive remarks or advances made will result in immediate termination of the session.

To assist us with annual reports on program demographics, the following information is useful to the department but is not a requirement for participation in the personal training program.

*Please circle the appropriate answer:*

**Student** Freshman Sophomore Junior Senior Graduate

~OR~

**Membership** Staff Faculty SFA Alumni Post Baccalaureate Dependent

**Sex** Male Female X

**Age** 17 & Under 18-20 21-24 25-30 31-40 41+

**Residence** Residence Hall Nacogdoches Other

**Ethnicity** American Indian or Alaskan Native Asian or Pacific Islander  
White Black or African American  
Hispanic or Mexican American Other, please specify \_\_\_\_\_

How did you hear about our Massage Therapy Services?

Website Friend Rec Center Social Media Other: \_\_\_\_\_

**Please indicate times you are available to work with a massage therapist:**

<b>Day</b>	<b>Time</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

## Massage Treatment Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Local Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of Emergency, Please notify: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Massage experience

Have you ever had a professional massage:  Yes  No

If you answered yes, when and what type: \_\_\_\_\_

How long have you been receiving massage therapy? \_\_\_\_\_ Frequency of massages? \_\_\_\_\_

What are your goals for treatment? \_\_\_\_\_

### Current health

Reason for initial visit \_\_\_\_\_

Height & weight \_\_\_\_\_

Do you exercise regularly and/or participate in any sports? Y N

If yes, what kind of exercise/sports? \_\_\_\_\_

Do you perform any repetitive movement in your work, sports or hobby? Y N

If yes, describe \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving? Y N

If yes, describe \_\_\_\_\_

Do you experience stress in your work, family, or other aspects of your life? Y N

If yes, describe \_\_\_\_\_

Are you experiencing tension, stiffness, discomfort or pain? Y N

If yes, describe \_\_\_\_\_

Have you recently had an injury, surgery, or areas of inflammation? Y N

If yes, describe \_\_\_\_\_

Do you have sensitive skin? Y N

Do you have any allergies to oils, lotions or ointments? Y N

If yes, please explain \_\_\_\_\_

List any medications you are currently taking \_\_\_\_\_

List any known allergies \_\_\_\_\_

### Health History

#### Musculoskeletal

Bone or joint disease \_\_\_\_\_

Tendonitis/Bursitis \_\_\_\_\_

Arthritis/Gout \_\_\_\_\_

Jaw Pain (TMJ) \_\_\_\_\_

Lupus \_\_\_\_\_

Spinal Problems \_\_\_\_\_

Migraines/Headaches \_\_\_\_\_

Osteoporosis \_\_\_\_\_

#### Circulatory

Heart Condition \_\_\_\_\_

Phlebitis/Varicose Veins \_\_\_\_\_

Blood Clots \_\_\_\_\_

High/Low Blood Pressure \_\_\_\_\_

Lymphedema \_\_\_\_\_

Thrombosis/Embolism \_\_\_\_\_

#### Respiratory

Breathing Difficulty/Asthma \_\_\_\_\_

Emphysema \_\_\_\_\_

Allergies, specify:

\_\_\_\_\_

Sinus Problems \_\_\_\_\_

#### Nervous System

Shingles \_\_\_\_\_

Numbness/Tingling \_\_\_\_\_

Pinched Nerve \_\_\_\_\_

Chronic Pain \_\_\_\_\_

Paralysis \_\_\_\_\_

Multiple Sclerosis \_\_\_\_\_

Parkinson's disease \_\_\_\_\_

#### Reproductive

Pregnant, stage \_\_\_\_\_

Ovarian/Menstrual Problems \_\_\_\_\_

Prostate \_\_\_\_\_

#### Skin

Allergies, specify:

\_\_\_\_\_

\_\_\_\_\_

Rashes \_\_\_\_\_

Cosmetic Surgery \_\_\_\_\_

Athlete's Foot \_\_\_\_\_

Herpes/Cold Sores \_\_\_\_\_

#### Digestive

Irritable Bowel Syndrome \_\_\_\_\_

Bladder/Kidney Ailment \_\_\_\_\_

Colitis \_\_\_\_\_

Crohn's Disease \_\_\_\_\_

Ulcers \_\_\_\_\_

#### Psychological

Anxiety/Stress Syndrome \_\_\_\_\_

Depression \_\_\_\_\_

#### Other

Cancer/Tumors \_\_\_\_\_

Diabetes \_\_\_\_\_

Drug/Alcohol/Tobacco Use \_\_\_\_\_

Contact Lenses \_\_\_\_\_

Dentures \_\_\_\_\_

Hearing Aids \_\_\_\_\_

Any other medical condition(s) not listed:

\_\_\_\_\_

Please explain any of the conditions that you have marked above:

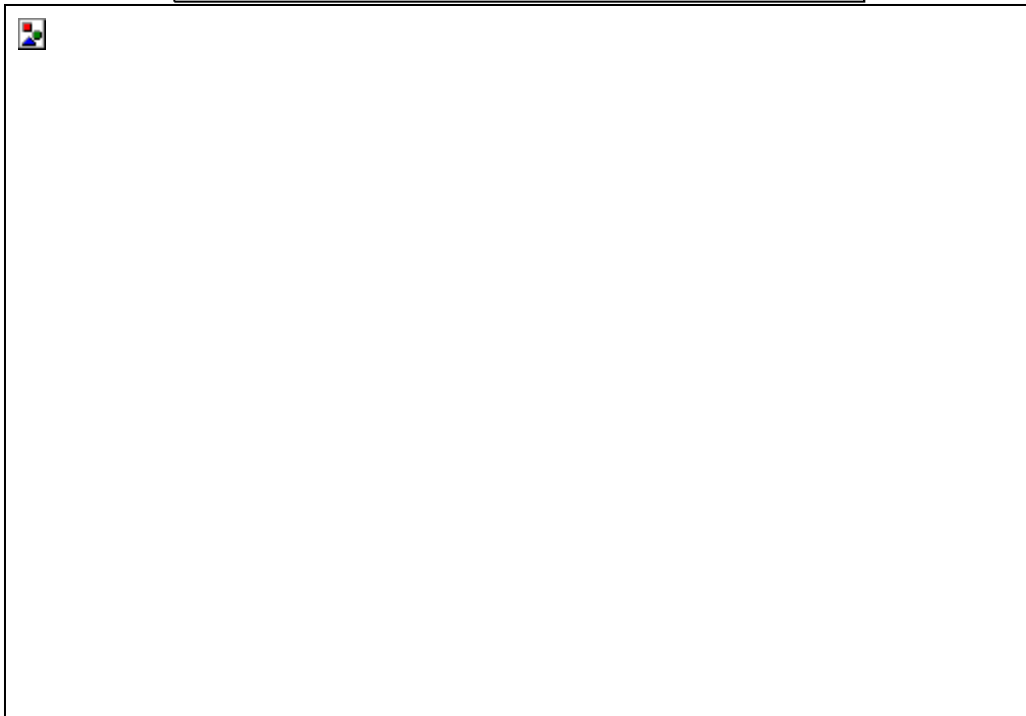
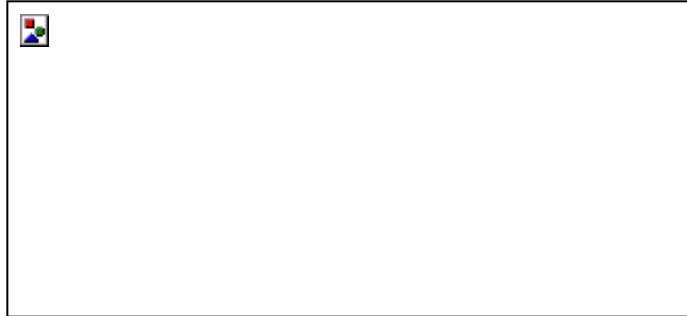
\_\_\_\_\_

The massage therapist will be using a combination of techniques during the treatment. The client will be appropriately draped to their comfort level so that modesty is protected at all times. The client or therapist at any time has the right to terminate the session. The therapist practices massage therapy as defined by Texas State Law. Massage Therapy is not a substitute for medical examination therefore, the therapist does not diagnose or prescribe. If your stated conditions change, please alert us so that we

can update your file. Minors must have a legal guardian fill out and sign this form. I hereby certify that this information is true to the best of my knowledge. I understand that the massage therapist cannot be responsible for conditions that I do not disclose.

Client Signature (or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Please identify current problem areas in your body  
by drawing appropriate symbols on the diagrams below.**



**STEPHEN F. AUSTIN STATE UNIVERSITY**  
**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in the Massage Therapy Program and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Stephen F. Austin State University, the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such program (in-person or online), or while in, on or upon the premises where the program is being conducted or in transportation to and from said premises.
2. I have been advised by Stephen F. Austin State University's Campus Recreation Department to consult with a physician before I undertake any physical activity program. I certify that I am in good health and sufficient physical condition to properly participate in physical activities associated with this program, that I am knowledgeable about the risks of the activities that I will participate in, and that I will properly use all equipment involved in this program. If I do not know how to properly use any piece of equipment I will not use it until instructed how to do so properly and safely by qualified staff. I hereby elect to voluntarily participate in said program (in-person or online), and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such program, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said program, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.
6. I further agree to become familiar with the rules and regulations of the University and not to violate said rules or any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged by SFA to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the program or the transportation to and from said activity.
8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Participant Signature