



Continuing Education
and Extension

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Message Therapy Outreach II

Minor Volunteer Informed Consent and Waiver of Liability

To: The Board of Governors of Mount Royal University ("MRU")

TAKE NOTICE!

**BY SIGNING THIS DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE
RIGHT TO SUE**

-PLEASE READ CAREFULLY-

Name of child and team: _____

Name of parent / guardian: _____

1. INFORMED CONSENT

MRU students (the "Students") enrolled in the Faculty of Continuing Education's Massage Therapy Diploma provide massage treatments through various outreach opportunities. The purpose of the outreach massage treatment is to give the Students an opportunity to apply theory in practice. I consent to my child participating as the recipient of massage therapy in an outreach of massage techniques suitable for children.

- 1.1. I acknowledge that I am freely choosing for my child to participate in outreach massage treatment which will be provided by the Students. I will instruct my child to immediately inform the Students if he or she is experiencing any pain or discomfort at any time. **My child or I may choose to withdraw my child from participation in the outreach massage treatment at any time and for any reason.**
- 1.2. I understand that massage therapy is provided for the purpose of stress reduction, relief from muscular tension and improvement of circulation. Massage therapy is not a substitute for medical care. A massage therapist is not qualified to perform spinal or skeletal adjustments or diagnose, prescribe or treat physical or mental illness.
- 1.3. I will notify MRU of any medical illness, injury or other condition of which I am aware that may be of relevance to the massage therapy which my child will receive.
- 1.4. In the event that I will be acting as the Instructor who will provide the in-class demonstration, I acknowledge that my child's participation in the demonstration is not a pre-condition of my employment. MRU will obtain another volunteer participant upon my request.

I certify that I am the legal parent or guardian of the above named child and that I have full legal responsibility for decisions regarding my child. I have carefully read and understand the contents of this form.

Parent / Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____