



**MASSAGE THERAPY  
CONSENT, WAIVER AND RELEASE**

Name of Participant: \_\_\_\_\_

I, the undersigned, wish to participate in the massage therapy sessions (“Sessions”) run by licensed massage therapists at the Life with Cancer facility. As a condition to my participation in the Sessions, I hereby signify that:

1. I understand that the Sessions are offered to support healing and relaxation and do not constitute an effective substitute for the medical treatment of illness, injury or any other medical condition. I will consult with my regular physician(s) prior to engaging in the Session(s) in which I am participating and will continue to consult with such physician(s) during such Sessions regarding my health and any medical treatment that I may require.
2. I understand that the massage therapist is not functioning as a physician, nurse, or emergency medical technician, and that the massage therapist and Life with Cancer, by making the Sessions available, is not undertaking any responsibility regarding my medical condition(s). If my medical condition should change, I understand that it is my responsibility to discontinue the Sessions and to immediately consult with my physician about continuing or resuming participation in the Sessions.
3. I agree that I am responsible for deciding whether to participate in the Sessions, and I have not relied on the advice of any other person, whether associated with Inova, Life with Cancer, or otherwise, in doing so.
4. I have had the opportunity to ask questions about the Sessions and this Consent, Waiver and Release, and have received answers to my satisfaction. I understand the risks involved in participating in the Sessions, including the potential risk of physical injury.
5. I agree to assume all risks associated with participating in the Sessions and agree to assume full responsibility for any injuries, losses, or other damages that I may suffer as the result of my participation in the Sessions.
6. I hereby release, indemnify and hold harmless Inova, its respective directors, officers, parents, subsidiaries, affiliates, and agents from any and all claims, demands, personal injuries, costs, or expense, (including attorney’s fees) arising from or relating in any way to my participation in the Sessions.
7. I have read this Consent, Waiver and Release or have had it read to me, if necessary, and I fully understand its contents. I am voluntarily executing this Consent, Waiver and Release.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

Date: \_\_\_\_\_