



Massage Therapy

Welcome to Georgia Tech Campus Recreation Center!

Thank you for your interest in our Massage Therapy program. We want to help you reach your health and well-being goals by pairing you up with one of our qualified licensed massage therapists. Before you begin your program, please take a moment to fill out the following information and return it to the CRC prior to your appointment.

This packet includes the following:

- Massage Client Health History Form
- Massage Therapy Agreement
- Massage Prices and Program Information

All information submitted in this packet will be kept confidential. Client information regarding health history in any form may only be accessed by appropriate staff of the Georgia Tech Campus Recreation Center. Appropriate staff may include, but is not limited to, your massage therapist, the Assistant Director for GIT FIT Programs and Fitness, the Aquatics and Fitness Coordinator, and the Associate Director for Healthy Lifestyle Programs.

Patrons may now purchase massage therapy sessions at the CRC by clicking on the Multi-Visit Passes link on our portal, mycrc.gatech.edu. To book your massage therapy sessions after making your payment, please visit the CRC booking portal, crcbooking.setmore.com. **Please note that you will need the Order Number off your MyCRC receipt in order to complete the booking process.** Payment for massage services must be rendered to make an appointment. Full refunds or appointment rescheduling will be honored only with a minimum of 24 hours notice. Partial refunds will be given for cancellations received up to 2 hours before scheduled appointment. Rescheduled appointments with less than 24 hours notice will be based on therapist and room availability and are not guaranteed. **No refunds will be given for missed appointments or cancellations received within 2 hours of the appointment.**

Should you have any further questions, please contact Stephanie Belcher, Aquatics and Fitness Coordinator, at 404-984-6268 or stephanie.belcher@crc.gatech.edu.

Massage Therapy

Effective Fall 2017

30 Minute Massage			
Packages	Student	CRC Member	Non-Member
1 session	\$35	\$40	\$50
3 sessions	\$89 (save 15%)	\$102 (save 15%)	*
6 sessions	\$168 (save 20%)	\$192 (save 20%)	*

To purchase massage sessions at the CRC click on the Multi-Visit Passes link on our portal, mycrc.gatech.edu. To book your massage therapy sessions, please visit the CRC booking portal, crcbooking.setmore.com. Please note that you will need the Order Number off your [MyCRC](#) receipt in order to complete the booking process. You can also call the Member Services Desk at 404-385-7529 or visit us in person at the CRC, located on 750 Ferst Drive, Atlanta, GA 30332.

**not available at this time*

60 Minute Massage			
Packages	Student	CRC Member	Non-Member
1 session	\$60	\$65	\$75
3 sessions <i>Save 15%!</i>	\$153 (save 15%)	\$166 (save 20%)	*
6 sessions <i>Save 20%!</i>	\$288 (save 20%)	\$312 (save 20%)	*

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**not available at this time*

Massage Therapy Health History

Client Information

Name: _____ Date of First Visit: _____

Birth Date: _____ Gender: Male | Female | Decline Height: _____ Weight: _____

Emergency Contact Name: _____ Phone Number: _____

Contact Information

E-mail: _____ Phone Number: _____

Postal Address: _____

How did you find us?

Please check all that apply:

Website Poster /Flyer around Campus Campus Mailbag On Campus Demonstrations

Program Guide Referred by: _____

If Referred by a care provider, may we share health information with them? Yes | No

What brings you in today?

What current problem, if any, brings you in today? _____

What have you done up to now to try to help this problem? _____

Have you noticed any of the following signs or symptoms?

Check the appropriate box(es) at the right if you've observed the sign, concern, or symptom.	Noticed Lately	Noticed in the past
Skin Allergies		
Open Cuts or Sores		
Skin Infection / inflammation		
Bruise easily		
Muscles that ache at rest		
Places sore when you touch them		
Puffy or swollen areas		
Aching joints		
Cramps		
Knots or lumps		
Low back pain		
Headaches		
Neck pain or tension		
Head or eye pain		

Check the appropriate box(es) at the right if you've observed the sign, concern, or symptom.	Noticed Lately	Noticed in the past
Difficulty relaxing		
Difficulty sleeping		
Always tired		
Difficulty breathing		
Airborne/seasonal allergies		
Bloating		
Constipation		
Diarrhea		
Others, please list:		

Massage Therapy Health History

What, if any, activities, movements, or positions are uncomfortable or difficult?				
Describe the activity, movement, or position	Date this started	How often do you notice this?	How does it impact you?	Felt this before?
			Low Moderate Severe	Y N
			Low Moderate Severe	Y N
			Low Moderate Severe	Y N

Please circle all of the areas that you are comfortable receiving a massage:

Pectorals (Chest) Feet Glutes Face Scalp Abdomen

Medications Currently Taking	What current medications, supplements, or herbs, if any, are you taking? _____

Injuries or Surgery		
Describe the injury, accident, or surgery	Date it occurred	Troubles you lately
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N
		Y N

Illness or Other Conditions				
I have or had this condition:	Date(s) this started	Date(s) doctor diagnosed	Troubles you lately	Date last sought care
Arthritis			Y N	
Cancer, other tumor			Y N	
Carpal Tunnel Syndrome			Y N	
Chronic Fatigue Syndrome			Y N	
Diabetes			Y N	
Disk Problems (spine)			Y N	
Fibromyalgia			Y N	
Heart disease or attack			Y N	
High/Low Blood Pressure			Y N	
Infection or Inflammation			Y N	
Migraine headaches			Y N	
Osteoporosis			Y N	
Sciatica			Y N	
Stroke or CVA or TIA			Y N	
			Y N	
			Y N	

I understand that my accurate and complete medical history is needed to make decisions about my care. To the best of my knowledge, the above information is accurate and complete, and I will let you know if it changes.

Signature: _____ Date: _____

Office Use only: Date: _____	Paid: _____	Sessions: _____	Worker initials: _____
First Scheduled Appointment Date and Time: _____			

Please take a moment to carefully read the following information and sign where indicated.

If you have certain medical conditions or symptoms, massage therapy may be problematic for you. A referral from your primary health care provider may be required prior to treatment being provided.

If at any point during the massage I am uncomfortable or uneasy with the procedures being administered, and/or if I experience pain, I understand it is my responsibility to IMMEDIATELY inform the massage therapist, so that the procedures can be adjusted to a level of comfort or terminated.

I further understand that massage therapy is not a substitute for diagnosis and treatment by a medical or osteopathic doctor. What we discuss is not a replacement for their advice.

Please read the following rules about each visit. Your signature below confirms that you agree to:

Before each treatment

- Tell your therapist about any changes in your health since your last visit
- Remove all jewelry. If it is a wedding band or other item that must be left on, please inform your therapist.
- Ask your therapist if it is best to tie up long hair.
- Leave on appropriate undergarments for your safety and comfort.

Throughout your visit

- Please ask questions about the procedures. Your therapist will be happy to keep you informed and comfortable.
- Always inform your therapist immediately upon any pain or discomfort.
- Refrain from making illicit or sexually suggestive remarks or actions. Any such behavior will result in immediate termination of the treatment.

I agree to provide complete and accurate information about my health history today, and to tell my massage therapist about any changes in the future. If I do not, it may result in the termination of this appointment and any future appointments with Campus Recreation Center's Massage Therapy Program.

Patient's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____



WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

THIS WAIVER SHALL BE SIGNED BY ALL PERSONS PARTICIPATING IN ATHLETIC,
RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND
OTHER ACTIVITIES INVOLVING RISK OF BODILY OR
PERSONAL INJURY AND/OR PROPERTY DAMAGE

Name of Participant: _____ (hereinafter
"Participant")

Massage

Activity: _____ (the "Activity")

Date of Activity: _____

Many programs, activities and workshops involve risks of injury, property damage and other dangers associated with participation in such activities. Participant should realize that there are inherent risks, hazards and dangers involved that cannot be eliminated regardless of the care taken to avoid injuries. Dangers peculiar to such activities include, but are not limited to: 1) major injuries such as: hypothermia, broken bones, cardiac arrest/heart attack, eye injury or loss of sight, drowning, concussion, joint, ligament or back injuries and heat exhaustion; 2) minor injuries such as strains, sprains, bruises, scratches, cuts and abrasions.

Participant is additionally aware that there are inherent risks, hazards and dangers involved in the training, preparation for, and travel to and from the Activity. It is the responsibility of Participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

Georgia Institute of Technology does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

Initials _____ Date _____

ACKNOWLEDGMENT AND ASSUMPTION OF RISK BY PARTICIPANT

I have read the above notice carefully and acknowledged receipt of a copy thereof. In consideration of the benefits received, I understand and appreciate the risks that are inherent in the Activity and hereby assume all risks of damages or injury, including death, that I may sustain while participating in or as a result of, or in any way growing out of the Activity, or in travel to and from such Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Activity.

Initials _____ Date _____

PARTICIPANT’S INDEMNIFICATION AND HOLD HARMLESS

I agree to INDEMNIFY AND HOLD Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys’ fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

PARTICIPANT’S RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in the Activity for which or in connection with which the Georgia Institute of Technology has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in the Activity, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with the Activity.

I further covenant and agree that for the consideration stated above I will not sue Georgia Institute of Technology, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my participation in the Activity. I understand that the acceptance of this release and covenant not to sue Georgia Institute of Technology or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. I have received a copy of this document and I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Severability: The undersigned further expressly agrees that the foregoing WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (the “Agreement”) is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion thereof is held by a court of competent jurisdiction to be invalid, it is agrees that such provision will be deemed deleted from this Agreement without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of the remaining provisions.

NAME _____ (Please Print) gtID # _____ Date _____

Signature

Signature of Parent or Guardian if Participant is under