



Chair Massage Therapy Waiver of Liability

1. I do not have any injuries or conditions that would prevent me from receiving a chair massage, nor have I been told by a health care provider that I should not receive massage therapy.
2. I understand that a Certified Massage Therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history. I further understand that I am obligated to verbally share relevant information of my health history that may not be asked of me.
3. I acknowledge that my participation in the Chair Massage Therapy Program (“the Program”) is completely and entirely voluntary and not in any way related to the duties and responsibilities of my job with the City and County of Denver. My participation in the program is for my own personal benefit **not** job-related, and **not** within the course and scope of my employment with the City and County of Denver. I further acknowledge that if I am injured through the use this program or as a result of any activity or event sponsored or supported by the Program I understand that I will **not be entitled to recover workers’ compensation** for such injury.
4. I am aware of and understand the Program’s Procedures and agree to the stipulations of the Program.
5. I understand that if need to reschedule my appointment, I must do so at least **24 hours prior** to my scheduled appointment time.

Print Name

Signature

Date

Email

Agency/Department