



Kaizen Healing Arts
218 N Fourth Ave suite 206
Ann Arbor, Michigan 48104
www.kaizenhealingarts.com

Massage Class Agreement

Instructors: Alyssa Schreiber, MPH; Kelly Kempter, NCTMB

Name(s) of Participant(s): _____

Class Date(s): _____

Class Location: 218 N Fourth Avenue suite 204 – OM Studio

I understand that we, the participants, are learning basic massage to provide physical and emotional support through nurturing touch. If I experience any pain and/or discomfort during any of the class time, it is my own responsibility and not that of the instructor to stop or alter my/our activity to avoid injury.

I understand that the basic massage techniques taught by the instructor or performed by the participants in the course of the class should not be construed as a substitute for medical examination, diagnosis or treatment, and I should seek qualified medical assistance for any physical or mental ailment that I am aware of.

I understand that the instructor is not qualified to perform spinal or skeletal adjustments, prescribe any medications, nor diagnose or treat any physical or mental illness, and that nothing said in the course of the class should be construed as such.

Because massage is contraindicated (should not be done) under certain medical conditions, I affirm that I have listed all known health conditions on the Massage Health History Form. If necessary, I have consulted my health care professional prior to participation and I am participating by my own choice in these classes. I hereby release and hold harmless Kaizen Healing Arts and all instructors from any liability due to accident or damage to self, and/or loss of or damage to personal property during any Kaizen Healing Arts course, treatment, lesson or other form of demonstration or learning.

I understand that I am responsible for my and my partner's (if applicable) attendance. Failure to attend will forfeit a \$50 processing fee unless more than 24 hours notice has been given. Tardiness or missing any portion of the class does not grant me make-up classes.

I understand that this class is for my personal benefit and does not qualify me to be a massage therapist or to receive payment for massage.

Participant Signature:

Date:

Participant Signature:

Date: