Center for Continuing Education of Osteopathy, Manual Therapy
www.ceosteopathymanualtherapy.com
Maureen "Hannah" Maher, Educational Director
tel. (438) 865-6355

Informed Consent to Facial Massage

Name:_____ Daytime phone number:_____

Email address:_____ Date of class:_____ Time:_____

Have you had any recent cosmetic procedures done or have been using any chemical peels, enzymes, or acids? Please note there must be a delay of at least 48 hours since receiving any peel or skin resurfacing treatment (including home products) in order to receive a Facial Massage.

If yes, please specify_____

Facial Sculpting Massage is a relaxing form of treatment that stimulates blood flow into tissues, muscles, and activates lymphatic drainage within the facial area.

I understand that I am volunteering to serve as a demonstration model for Practitioners learning to their manual therapy skills in Facial Massage. This is not an intra-oral massage.

I understand that as a demonstration model, the purpose is to allow new students the opportunity to practice newly learned skills on me, and I do not expect to receive a professional level treatment nor a personalised consultation from the Instructor. Please contact the Instructor outside of class hours if you wish to book a consultation.

If I wish to volunteer for more than one 45 minute session, I agree to sign up for two sessions using the volunteer sign up link on the company website.

I understand that it is innapropriate for me to attempt to remain past my practice session and to sit in during the class with students. Volunteers who try to do so will be politely asked to leave.

I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time if I feel uncomfortable, but that feedback is helpful to the students to adjust themselves to your comfort.

I understand that if at any time I feel uncomfortable during a practice session I will inform the student or Instructor immediately as feedback is important to us as well as effective communication to ensure my safety. I also understand that I am responsible for not signing up to volunteer if I suffer from social anxiety or claustrophobia or any other physical or mental condition that would make receiving a facial massage uncomfortable for me.

I understand that it is my responsibility to disclose any medical or health condition that might be a contra-indication to facial massage such as an active or recovering upper respiratory of skin infection and the assumption is made that if I am volunteering, then I am in adequate health to accept such treatment.

I agree not to hold the Center for Continuing Education of Osteopathy & Manual Therapy, nor the Instructor Maureen Maher, nor any student liable for any injury, loss or damage to personal property during the treatment or while I am on the premises, including common areas of the classroom location building.

Patient: (Please Print) _____

Signature of Patient _____