



Therapeutic Massage Agreement and Guidelines for use of

Lasting Tranquility Day Spa

The learning environment at Locklin Tech's - *Lasting Tranquility Day Spa* should be maintained. The massage therapy client and the school representative agree to the following terms and conditions for receiving a therapeutic massage from a Santa Rosa County public school student at Locklin Tech.

1. Appropriate attire, language, and behavior are required. This student spa should be treated as a professional clinic, inappropriate comments or actions will **NOT** be tolerated.
2. The purpose of this therapeutic massage is educational in nature for the student.
3. Collection of students' names, addresses, or phone numbers is prohibited.
4. Information gathered for background screening must be accurate.
5. School officials have the right and the responsibility to interrupt the therapeutic massage with a warning and/or to stop the therapeutic massage entirely for any violation of the agreement.
6. If a client does not follow the guidelines they will not be permitted to participate in any additional therapeutic massage at Locklin Tech's - *Lasting Tranquility Day Spa*.
7. This completed form must be on file with the site administrator **PRIOR** to any therapeutic massage. NO appointments will be scheduled until screening is complete.

Please note: Clients who are pregnant, currently undergoing cancer treatment, have acute injuries or medically complex conditions, or have pending litigation and/or insurance claims cannot be seen in student clinic. Clients under 18 years of age require parental/guardian consent.

Last Name First Name Middle Name

Address City State Zip Code

Phone number Date of Birth E-mail

Preferred method for reminders: (Circle One) Text Email Call

Signature and authorization to complete a sex offender background screening Date

<p><i>For School Use Only</i></p> <p>Circle One:</p> <p>Approved Not Approved for Therapeutic Massage.</p>	<p>Sexual Predator Screening Completed <input type="checkbox"/></p> <p>_____ Signature of Person Completing Screening</p> <p>_____ Date Completed</p>
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