

# The University of Akron Student Recreation and Wellness Center Massage Policies

The University of Akron Student Recreation and Wellness Center Massage Practitioners are students who apply scientific knowledge to massage the general population for the primary goal of improving relaxation and health. Recognizing that their expertise is separate and distinct, the massage practitioner will consult with and refer clients to other professionals when appropriate.

A 1 hour session means massage will be provided for 50 minutes and allow 10 for undressing and dressing. A ½ hour massage will be provided for 25 minutes and allow 5 minutes for undressing and dressing. You may remove as much or as little clothing as you feel comfortable removing, however briefs and panties must remain on. You will be draped for modesty at all times.

Clients are expected to observe all University of Akron Student Recreation and Wellness Center rules, guidelines, policies, and procedures, including, but not limited to, those regarding cancellation of appointments, but acknowledge that such rules, guidelines, policies, and procedures are subject to change without notice.

## **Cancellations:**

Clients who fail to attend a scheduled session or provide at least twelve (12) hours advanced notice of a cancellation will be charged for that session. Clients who arrive late for a session will not have their session time extended to compensate for their tardiness. Massage practitioners may decline to provide a massage for clients who are more than fifteen (15) minutes late for their scheduled session.

All SRWC massage practitioners will provide clients with at least twelve (12) hours advance notice of a cancellation or provide clients whose sessions are cancelled with a free session.

## **The policy for the expiration of massage sessions is as stated:**

From the date of purchase -

- a single (1) session will expire in four (4) weeks.
- a package of five (5) will expire in seven (7) weeks.
- a package of ten (10) will expire in fifteen (15) weeks.

One week will be added to the expiration date for each session canceled by the massage practitioner, whether twelve (12) hours notice was given or not.

## **Please pay in the Information Office, SRWC room 207, prior to your scheduled appointment.**

Clients are expected to observe all University of Akron Student Recreation and Wellness Center rules, guidelines, policies, and procedures, including, but not limited to, those regarding cancellation of appointments, but acknowledge that such rules, guidelines, policies, and procedures are subject to change without notice.

I have read and understand the above terms.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Massage Practitioner name: \_\_\_\_\_

Massage Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent Form

## Explanation of the Massage

- You will be given a general relaxation massage, no therapy will be administered unless by a Licensed Massage Therapist. General relaxation massage is rubbing or kneading of parts of the body particularly to aid circulation, relax the muscles, or provide stimulation. The massage practitioner uses a combination of kneading, rolling, vibration, percussion, and tapping movements. A high quality lotion or oil will be used to reduce friction on the skin, and you should inform your massage practitioner of any allergies. A one hour massage includes 50 minutes of massage and 10 minutes for undressing and dressing. It will cover the full body, but may be limited according to your preferences. A 30 minute massage typically includes 5 minutes for undressing and dressing and works the neck, shoulders, back or legs and hands or feet based on your preferences). Music can be played or the massage can be done in silence. You may talk or not talk as you prefer during the session. However, your feedback is necessary for a successful massage. You are in charge of the session at all times. Please report any unusual feeling or discomfort.

## Things to expect after a massage

- Most people feel relaxed and re-energized after a massage. Occasionally, some people experience post massage soreness the day (12-48 hours) after their massage. This is nothing to be concerned about. Most people feel a decrease of their original muscle tightness and pain after the delayed soreness resolves itself. Post-massage muscle soreness is due to tight muscles having been stretched and realigned, adhesions and scar tissue having been broken apart so new tissue can form and lay down correctly, and deep pressure having been applied to a muscle to release spasm. All such procedures help muscles to relax and heal. However, they can also cause soreness the next day.

## Draping and Modesty

- Massages are performed with your clothing off; however, briefs or boxers for males and panties for females are required. You can wear more than this if you wish; with the understanding this could limit the massage experience. Undress to the level of your comfort. Proper draping procedures will be used; nudity is not allowed. Your personal dignity will be protected through draping during the entire session. The massage practitioner will leave the room while you undress, get settled on the table, and cover with a fresh, clean sheet. You will remain covered by a sheet, with only the area being worked on exposed.

## Benefits to be Expected

- **Mental Benefits**-Helps create a relaxed state of alertness, and increases ability for clear thinking.
- **Physical Benefits**- Reduces stress, improves circulation, improves joint flexibility, aids in healing of scar tissue, releases chronic muscle tension and pain, reduces physical fatigue, releases muscle spasms and cramps, aids in release and elimination of toxins from the body, reduces blood pressure, relieves tension related headache, nourishes the skin through increased circulation, improves posture and body awareness, and speeds recovery from physical exercise by flushing lactic acid.
- **Emotional Benefits**-Creates a feeling of well being, reduces anxiety, and reduces mental stress.

## Inquiries

- If you have any questions about the procedures used in the massage, please ask us for further explanations. You are free to deny consent or stop the massage at any point, if you so desire. If more than half the session time has elapsed at the time you stop the massage, you may be charged all or a portion of the session fee.

**I acknowledge that I have read this form and understand the procedures that the massage practitioner will perform. I consent to participate in this massage.**

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Signature of Massage Client

Date

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Signature of Staff

Date

# Health History Questionnaire

## UA SRWC Massage Services

Name \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has a doctor ever said that you have had any of the following?

- |  |                                      |
|--|--------------------------------------|
| _____ Allergies (i.e. oils, lotions, food, etc.) | _____ Arthritis                      |
| _____ Cancer                                     | _____ Diabetes                       |
| _____ Epilepsy or Seizures                       | _____ Heart Problems                 |
| _____ High Blood Pressure                        | _____ Hypertension                   |
| _____ Infections                                 | _____ Stomach or Intestinal Problems |

Do you have any contagious diseases? \_\_\_\_\_

Do you have varicose veins? \_\_\_\_\_

Do you suffer from any blood disorders? \_\_\_\_\_

Have you ever had surgery?

Please explain. \_\_\_\_\_

Do you have any of the following?

- |   |                                      |
|---|--------------------------------------|
| _____ Back Problems                           | _____ Joint, Tendon or Muscular Pain |
| _____ Lung Disease (asthma, emphysema, other) |                                      |

Please explain. \_\_\_\_\_

Please list any medications you are taking (name & reason). \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions for which a physician has ever recommended some restrictions on activity (including surgery)?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Please explain. \_\_\_\_\_

Do you exercise regularly? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you pregnant? \_\_\_\_\_ No \_\_\_\_\_ Yes What Trimester? \_\_\_\_\_

If yes: Physician's name & phone number: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ No \_\_\_\_\_ Yes

Cigarettes per day \_\_\_\_\_ Cigars per day \_\_\_\_\_ Pipes per day \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ No \_\_\_\_\_ Yes

How many per week? \_\_\_\_\_

Have you had a massage before? \_\_\_\_\_ No \_\_\_\_\_ Yes

How would you describe your overall level of stress?

\_\_\_\_\_ Light \_\_\_\_\_ Moderate \_\_\_\_\_ High

**I do not have, or have recently had any disorders of the human body that would preclude me from receiving a general relaxation massage. I agree to keep the massage practitioner up to date regarding my condition. I understand that massage is not a substitute for medical care and know that if I have a medical condition I should see my medical doctor for treatment.**

\_\_\_\_\_  
Signature of Member Date

\_\_\_\_\_  
Signature of Witness Date