

MESSAGE CHAIR ACKNOWLEDGMENT AND RELEASE

I, _____, voluntarily request and consent to receiving chair massages at the Texas Tech University Health Sciences Center ("TTUHSC"), specifically the Institutional Health and Wellness Clinic ("Clinic"). I understand that chair massages are only for general wellness, basic relaxation, stress reduction, and relief of muscular tension. If I experience any pain or discomfort, I will immediately inform a Clinic employee. I do not have any injuries or conditions that prevent me from receiving massage therapy. I am physically capable of getting on and off the massage chair safely. I understand the risks associated with receiving chair massages include, but are not limited to, superficial bruising, short-term muscle soreness, and exacerbation of an undiscovered injury. I understand and agree that TTUHSC cannot be expected to control all of the risks associated with the massage chair. I do not have any contagious conditions that may put the Clinic employees or other Clinic participants at risk, including but not limited to COVID-19 or the flu. I have been given the opportunity to ask questions about the massage chair, and my questions have been answered.

I have been advised of the procedures pertaining to the massage chair and I consent to using the massage chair in accordance with the procedures. I understand that a massage chair is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware.

In consideration of the potential benefits I will receive from the massage therapy chair at TTUHSC, I hereby expressly and knowingly **INDEMNIFY AND RELEASE TTUHSC, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL DEMANDS, SUITS, DAMAGES, LIABILITIES, CLAIMS AND CAUSES OF ACTION I MAY HAVE IN CONNECTION WITH, CAUSED BY, OR RESULTING FROM MY USE OF THE MESSAGE CHAIR LOCATED AT TTUHSC, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TTUHSC, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.** I acknowledge and agree that the foregoing release is intended as a full and complete release of all of the foregoing claims that I may have with respect to using the massage chair.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS AND CONSENT TO PROCEED WITH THE CHAIR MASSAGE AS OUTLINED ABOVE.

SIGNATURE: _____

DATE: _____