

4.9. Students Disclaimer

This disclaimer template for students is derived from templates provided by Sarah.

For Student Massage Therapists

We strongly encourage all student massage therapists to familiarise themselves with the local laws and regulations governing massage therapy in their respective jurisdictions.

It is your responsibility to ensure that your practice and this waiver comply with the applicable legal and regulatory requirements.

You may wish to seek legal advice locally to ensure compliance with all necessary regulations.

4.10. ScarWork Session Disclaimer

This disclaimer template for volunteer is derived from templates provided by Sarah.

Volunteer Client Acknowledgment and Waiver of Liability

I, the undersigned, understand and acknowledge that I am voluntarily participating in a ScarWork therapy session ("Therapy Session") facilitated by a student massage therapist who is participating in a training program involving the practice and application of various gentle manual techniques collectively referred to as "ScarWork."

I understand that ScarWork is designed to improve the condition of scars and surrounding tissues/fascia, potentially improving my range of movement and returning sensation to numb areas.

I acknowledge and agree to the following:

No Professional Advice:

The student massage therapist is not a licensed professional in ScarWork and the Therapy Session is provided for educational and training purposes only. The Therapy Session is not a substitute for professional medical advice, diagnosis, or treatment.

Potential Risks: I understand that there are potential risks associated with the Therapy Session, including but not limited to minor injuries, discomfort, or other adverse outcomes.

No Guarantees: I understand that no guarantees have been made to me concerning the outcomes and effects of the Therapy Session.

Release of Liability: To the fullest extent permitted by law, I hereby release and discharge the student massage therapist and the training program, including its affiliates, officers, directors, employees, agents, and representatives, from any and all claims, liabilities, damages, actions, or causes of action, whether at law or in equity, whether known or unknown, arising out of or in connection with my participation in the Therapy Session.

Client's Name: _____

Client's Signature: _____

Date: _____