



I hereby voluntarily give consent to engage in on site chair massage. I understand that this is voluntary and I am in no way obligated to actively participate but I may observe as an option.

This does not in any way impact eligibility for health insurance coverage. No results will be given and I am able to cease my participation at any time.

On site chair massage involves the use of the musculoskeletal system. I understand that I will be observed and that I am responsible for monitoring my own condition throughout the chair massage. Should any unusual symptoms occur I would cease my participation immediately and inform the therapist.

In participating I agree to assume all risks of this on site chair massage. I further understand that although this is being performed at an event sponsored by Tufts Health Plan. Tufts Health Plan shall not at any time or to any extent whatsoever be liable, responsible or in any way accountable for any loss, injury, or damage to be suffered or sustained by any person at anytime in connection with or as a result of this.

I for myself, my heirs, executors, and assigns hereby release Tufts Health Plan, its affiliates, subsidiaries, divisions, directors and employees from any and all legal claims arising out of, in connection with or in any way related to my participation in this on site chair massage.

I have read this consent and understand its content. All questions concerning this informed consent have been answered to my satisfaction.

Print Name _____ Date of Birth _____

Signature _____ Date _____