

I fully consent to \_\_\_\_\_ performing the following treatment:

**Massage Therapy** as defined by the scope of practice for RMT's regulated by the College of Massage Therapists of British Columbia under the Health Professions Act of Canada.

I understand the treatment and procedure, the risks involved and the possibility of complications. I appreciate there can be no guarantee of assurance as to results and that further treatment may be necessary. I do not expect the Practitioner(s) to be able to anticipate and explain all risks and complications and I wish to rely on the Practitioner(s) to exercise judgment during the course of the procedure which the Practitioner(s) feels at the time, based on the facts known, is in my best interest.

I have read the above consent. I have also had an opportunity to ask questions about its content and by signing below, I agree to the above named procedure by the Practitioner(s). I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

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

**If the patient is under 19 years of age:**

I, the parent/guardian of the minor patient, fully consent to the Practitioner performing on my child the treatment and procedure described in the above consent. I understand the treatment and procedure.

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