

## Welcome to the Gaucho Pulse Massage Program!

We are excited that you have chosen us to be part of your journey towards a lifetime of health and wellbeing. At Gaucho Pulse, we feel massage is an essential component of your health and wellness routine and is an effective treatment for reducing stress, pain, and muscle tension all while promoting relaxation! By adding therapeutic massage to your wellness regimen, you can feel, look and become healthier. Our licensed Massage Therapists are experts in the field of massage therapy, and each specialize using varying styles and techniques. They are ready to provide you with the necessary treatments, information and guidance to help you reach and maintain your personal health goals. Taking care of your body should be at the top of your priorities. So enhance your journey to a long, happy, and healthy life and sign up today for a relaxing therapeutic massage!

The following information will provide you with important program details and formal policies.

### Registration

To sign up for a massage therapy session, please visit our website or email [GauchoPulse@essr.ucsb.edu](mailto:GauchoPulse@essr.ucsb.edu) and set up an appointment.

### Massage Therapy Services

For a more complete description of each service, please visit our website or contact [GauchoPulse@essr.ucsb.edu](mailto:GauchoPulse@essr.ucsb.edu)

Trigger Point Therapy	Swedish Massage	Reflexology
Acupressure	Medical Qigong	Chi Ne Tsang
Deep Tissue Massage	Myofascial Release	Neuromuscular Therapy

### Pricing

For information regarding prices, or to learn more about our custom packages, please visit our website or email our team at [GauchoPulse@essr.ucsb.edu](mailto:GauchoPulse@essr.ucsb.edu)

### Payment

Payment for sessions must be made prior to meeting with your Massage Therapist. At the time of payment, you will receive a receipt that must be presented at your massage therapy session.

## Expiration Date

All UCSB Gaucho Pulse massage therapy sessions have an expiration date of 1 year from the date of purchase. After the expiration date, any remaining sessions will be invalid. Sessions can be “frozen” for medical purposes only, and require medical documentation. Frozen sessions will be held for one year, after which time any remaining sessions will become invalid.

*Note: To achieve optimum results, it is recommended that you schedule your appointments regularly. It is recommended that you schedule your appointments every 2-3 weeks.*

## Cancellations

In order to cancel or reschedule an appointment, you must contact your Massage Therapist at least 24 hours in advance of the scheduled appointment, or you will be charged for the session. Similarly, if a Massage Therapist does not contact you at least 24 hours in advance to cancel or reschedule an appointment, you will receive a complimentary session.

## Tardiness

We value your time, and our own. All clients and Massage Therapists are required to be prompt. If a client arrives late, this time will be deducted from the session. Alternatively, if the Massage Therapist arrives late, the amount of time will be added for an extended session to the current or future meeting time. Please be advised that Massage Therapists are required to wait 15 minutes for a scheduled client, after which time the session is subject to cancellation and clients will be charged for a full session.

## Refunds and Credits

The UCSB Gaucho Pulse Massage Therapy program does not offer refunds or credits. To ensure that you receive the best results possible, please make sure that our services and programs will match your needs before committing in the form of monetary payment. If you find that your needs change once you have begun this program, please let us know. Our approach to massage is personally tailored to each client, and we believe no two individuals are the same. We are eager to find new ways to keep you healthy and motivated by accommodating your specific needs within the Gaucho Pulse program.

Please fill out and return the following forms to your Massage Therapist prior to or upon your first appointment.

- UCSB Elective/Voluntary Activities Waiver (1 page)
- UCSB Facilities Use Waiver – (1 page) You will be required to sign this form in the Rec Cen Cashier’s Office when you purchase any Gaucho Pulse sessions
- Massage Therapy Waiver (1 page)
- Therapeutic Massage Intake Form (2 pages)

## Preparing for your first appointment

- Please bring a photo ID to each session
- Bring completed registration packet
- Must present copy of receipt at first massage therapy session
- Please shower before appointment, massage therapist has the right to deny service if patron has perspiration on their body.

**\*\*Disclaimer:** Please note that our professionals are licensed in the practice of massage therapy. However, any treatments or advice given to clients by the Massage Therapists are not medical treatments or advice, and should not be taken as such. Any information given is not a substitute for medical advice or treatment. If you feel you have a medical condition that needs to be addressed, please consult with a physician.



# Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

## Recreation

Department

## Massage Therapy

Class/Activity

**Waiver:** In consideration of being permitted to participate in any way in Massage Therapy hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability from any and **all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age (if Minor)

\_\_\_\_\_  
Signature of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Print Name of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Date



# Waiver of Liability, Assumption of Risk & Indemnity Agreement

Facilities Use Waiver - Recreation

## Recreation

## Massage Therapy

Department

Class/Activity

**Waiver:** In consideration of permission to use, today and all future dates, the property, facilities, staff, equipment and services of the **Recreation Center, I**, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and convenient not to sue** The Regents of the University of California, its directors, officers, employees, and agents from liability **from any and all claims**, including negligence of the **Recreation Center** resulting in personal injury, accidents, or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

**Assumption of Risks:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The **Recreation Center** has facilities for and provides activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and other involve sustained physical activity which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in the activities made possible by the **Recreation Center**. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at the **Recreation Center** and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age (if Minor)

\_\_\_\_\_  
Signature of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Print Name of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Date

# Massage Therapy Waiver

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Please take a moment to read the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I withhold information or fail to update the massage therapist of changes in my health or medication status.

I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist, Gaucho Pulse Programs and its staff, UCSB's Department of Recreation, UCSB's Department of Exercise & Sport Studies, the University of California Santa Barbara, University of California Office the President and all staff, affiliates, contractors from any and all liability, past, present and future relating to massage therapy and body work.

I have received the policy statement, and have read and agree to the policies therein.

Client Name: \_\_\_\_\_

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

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

Massage Therapist Signature: \_\_\_\_\_

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

## Information and Suggestions

- Prior to your massage, please remove glasses and all jewelry. Pull long hair back with a clip or band.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel more informed and comfortable.
- Please bring a photo ID to each session.
- Bring completed registration packet.
- Must present copy of receipt at first massage therapy session.
- Please shower before appointment, massage therapist has the right to deny service if patron is "sweaty".

# Client Information

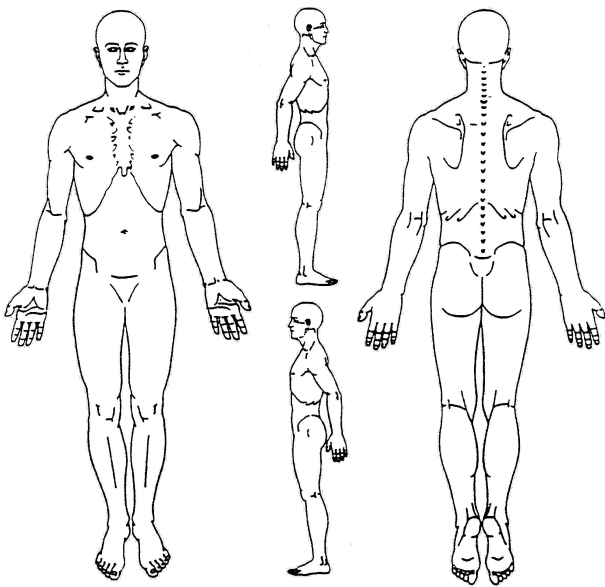
Name	Sex	Age	Date of Birth (mm/dd/yyyy)	
Address	City	State	Zip	
Phone	Email Address			
Emergency Contact	Phone			

The following information will be used to help your therapist plan a safe and effective massage session. Please answer the questions

List your symptoms (injuries/joint disorders/health concerns, ect.) in order of importance. (Date indicates when symptoms began)

1. \_\_\_\_\_ Date: \_\_\_\_\_
2. \_\_\_\_\_ Date: \_\_\_\_\_
3. \_\_\_\_\_ Date: \_\_\_\_\_
4. \_\_\_\_\_ Date: \_\_\_\_\_
5. \_\_\_\_\_ Date: \_\_\_\_\_

On the picture, mark the areas of the symptoms listed above



What events led to your current symptoms?

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Do you have any activities or positions that aggravate your condition(s):

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Is your condition getting worse?      Yes      No

Do you have and allergies to oils, nuts or scents?      Yes      No      If yes, please explain. \_\_\_\_\_

Are you pregnant?      Yes      No      N/A      If yes, what week: \_\_\_\_\_

Do you wear? (Please circle)      Contact lenses      Dentures      Hearing aid      Prosthetics

Do you sit for long hours at a workstation, computer, or driving?      Yes      No

If yes, please describe. \_\_\_\_\_

## MEDICAL HISTORY

Do you currently or have you ever had any of the following: (please check)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Phlebitis  | <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Back/neck problems           | <input type="checkbox"/> Open sores or wounds |
| <input type="checkbox"/> Deep vein thrombosis/<br>blood clots                   | <input type="checkbox"/> Headaches/<br>migraines | <input type="checkbox"/> Fibromyalgia                 |   |
| <input type="checkbox"/> Joint disorder(s)                                      | <input type="checkbox"/> Cancer                  | <input type="checkbox"/> TMU                          |   |
| <input type="checkbox"/> Rheumatoid arthritis/<br>Osteoarthritis/<br>Tendonitis | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Carpal tunnel syndrome       |   |
| <input type="checkbox"/> Osteoporosis   | <input type="checkbox"/> Decreased<br>sensation  | <input type="checkbox"/> Contagious skin<br>condition |   |

Previous injuries & surgeries, or other health concerns.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications?      Yes      No      If yes, please list medication and reason prescribed.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any particular goals in mind for this massage session?      Yes      No

If yes, please explain. \_\_\_\_\_

## CONSENT & UNDERSTANDING

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure may be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I agree to the "no show" policies of the Gaucho Pulse Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date