CLIENT VIRTUAL CLINIC AGREEMENT FORM

Client must agree and sign this consent form before participating in the Evolve College Virtual Clinic.

I _____ of _____
(client's full name) *(client's address)*

have read the Evolve College Virtual Clinic client terms and conditions provided to me by my therapist and declare that I agree in full to the terms and conditions stated including that I am personally fully responsible for my participation in this treatment as part of the Evolve College Virtual Clinic and I acknowledge that my therapist is a student therapist and my participation is at my own risk.

By signing this I consent to my participation in the virtual clinic and agree in full to the Evolve College Virtual Clinic Client Terms and Conditions.

(If you have not read the terms and conditions request these from your student therapist. Evolve College does not permit you to participate in treatment unless you have read in full the Evolve College Virtual Clinic Client Terms and Conditions and agree to them).

Signature: _____ Session Date: _____

Session Location: _____ Session Time: _____

Massage Therapist Name: _____

IMPORTANT: THIS SIGNED AGREEMENT FORM MUST BE DISPLAYED TO THE CAMERA (RECORDING DEVICE) BY THE CLIENT AT THE BEGINNING OF THE VIDEO RECORDING SESSION, BEFORE TREATMENT COMMENCES.

IMPORTANT NOTE:

THE SIGNED FORM MUST BE DISPLAYED TO THE CAMERA AT EVERY SESSION.