



WESTERN COLLEGE
MASSAGE THERAPY

Outreach Application for:

Organizations Requesting Students of Massage Therapy to Give Massage Treatments at an Event Located Away From the College.

Organization Name: _____

Contact/Organizer Person: _____

Email Address: _____

Location: _____

Event Name: _____

Date(s): _____ Is this a Fundraiser? _____

Start Time: _____ Finish Time: _____

Number of Clients receiving treatments: _____ Length of Treatments: _____

Is free parking available for students at the location? _____

I agree that the fee for the treatments is based on \$1 per minute for each treatment performed on the clients. The payment will be made to The Western College of Remedial Massage Therapies Inc. (WCRMT).

- All clients must fill out a waiver and client history form provided by the students attending the event, prior to receiving any treatments.
- Any clients under the age of 18 must have a legal guardian in attendance during the treatment.

Organizer Signature: _____

Date: _____

NOTE: A Western College representative will contact you via email if there is interest from the students to participate in this outreach event.