

COVID-19 Health Information & Liability Waiver

Client Name: _____

Date: _____

COVID-19 Information

- 1) Have you had a fever in the last 24 hour of 100.4 or above? Yes____ No____

- 2) Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes____ No ____

- 3) Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? (fever, cough, chills, shortness of breath, fatigue, muscle aches, or new loss of taste or smell). Yes____ No____

If you answered 'Yes' to any of the questions above, you agree to go home, & seek medical advice. Your appointment will be rescheduled.

Cancellation

Amid the ongoing uncertainty of COVID-19, we have modified our cancellation policy to offer greater flexibility to all our clients. We hope this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule for whatever reason, and especially if you are not feeling well, we understand and request for you to please contact us as soon as possible to reschedule. To further support you, there will be no penalties for 'late cancellations' due to illness at this time.

Tardiness

Appointment times are scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment

Sickness

Massage therapy & skincare services are not appropriate treatments for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 48-hour notice period, the cancellation fee may be waved.

Consent for Treatment

I understand that, because massage therapy & skin care services requires maintained touch and close physical proximity over an extended period or time, there may be elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner/business.

If under 18: As legal guardian of: _____ we consent to above condition.

Client Signature: _____ Date: _____