## **Corona Virus Policies and Liability Release Form**

In order to keep our office as clean and safe as possible and remain in adherence with the ordinances set forth by the Governor, we ask all clients to adhere to the following:

I, (print name)	agree to adhere to the following policies:	
please call immediately and cancel y morning of your appointment if you h condition. Please let us know before	morning of your appointment. If you are running a temperature over 99F, our appointment. There will be no penalty for canceling before 8:30AM on the ave an elevated temperature or are exhibiting symptoms of a contagious operating hours so that we may have a chance to fill the appointment. Last s will be billed the full amount of the missed appointment.	
	e parking space in the front. It is reserved for our handicapped clients. Plea e allow a few minutes extra to get here. Construction patterns change daily.	
<b>COME IN ONLY AT YOUR APPOIN appointment time.</b> Clients are space	ease <u>DO NOT ENTER THE OFFICE EARLY FOR YOUR APPOINTMENT.</u> IMENT TIME. If you arrive early, please wait in your car until your ed in accordance with the orders of the Governor: "Allowing only one business at any one time" and "Requiring patrons to wait in car their	
Please do not bring anyone in the bumay accompany a client only if nece	ilding with you. An aid, parent or guardian (for children under 18 it is required ssary, and they must wear a mask.	d),
them locked in your car. Only bring i	u that you that is not necessary such as purses, phones, bags, etc. Leave n your keys, method of payment, and a calendar (or your phone if you need t schedule future appointments, and a pen if you wish to use your own.	ίΟ
Please wear a mask. If you do not	nave one, a mask will be given to you.	
Upon arrival, go straight to the restrorestroom, please do so while you are	om and wash your hands with soap for 30 seconds. If you need to use the there.	
•	n in the waiting room, that you sit only on the leather sofa or chair. Please deannot sanitize it. We know it is a favorite for some clients, and we apologize	
In the treatment room, if you need to or floor.	disrobe, please put your clothes on the chair or tray and not on the coat rack	(
After your appointment, if you need t for 30 seconds.	o use the restroom again, please be sure to wash your hands again with soa	р
	t, we would love to visit like we used to do. But we are only allowed to have duct business quickly so that we can take the next client.	
Thank you so much for coming. We	appreciate your understanding of these new policies.	
Signature of client, parent, or guardia	nDate:	

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Due to the 2019-2020 outbreak of the novel Corona virus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

<ul> <li>Fever</li> <li>Fatigue</li> <li>Cough</li> <li>Difficulty breathing</li> <li>Sore throat</li> <li>Nasal/sinus congestion</li> <li>Diarrhea</li> <li>Headaches</li> <li>Unusual aches and pains</li> <li>New loss of taste or smell</li> </ul>	
I, (print name) agree to the following:	
I understand the above symptoms and affirm that I, as well as all household members, do have experienced the symptoms listed above within the last 14 days.	not currently have, nor
I affirm that I, as well as all household members, have not been diagnosed with COVID19	within the last 30 days.
I affirm that I, as well as all household members, have not knowingly been exposed to any COVID-19 within the last 30 days.	one diagnosed with
I affirm that I, as well as all household members, have not, nor have we been exposed to, a outside of the country, or to any city outside of our own that is or has been considered a "h infections within the last 30 days.	=
I understand that this business and my massage therapist cannot be held liable for any expother contagion caused by misinformation on this form or the health history provided by me	
By signing below I agree to each above statement and release the massage therapist and all liability for the unintentional exposure or harm due to COVID-19 or any other infectious	•
Your massage therapist and all employees of this facility agree that they abide by these sa the same. We also affirm that we have improved and expanded our sanitation protocols to spread of COVID-19 and other communicable conditions.	
Signature of Client, Parent, or Guardian	
Date	

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We strive to have the cleanest and safest practices in place for you. Your health and safety are our primary concern. We have combined guidelines from the Governor, our massage insurance for safe practice, the CDC, and OSHA. Here is what we are doing:

There are three treatment rooms. Rooms will be rotated so that clients will not be seen back to back in the same room. If a room has been used, it will not be used again for at least one hour. The treatment rooms are cleaned after each client. The office is cleaned at lunch, after morning appointments, and at the close of the day, after afternoon appointments. We use hospital grade virucide.

We have medical grade air filtration units to remove and kill viruses and bacteria from the air.

We are using UVC light which actively kills viruses and bacteria on surfaces.

We are still able to provide clients with BioMat therapy and extra padding on the tables. Soft surfaces on tables are covered with vinyl which can be disinfected.

Any pillows used during service times will be fitted with washable vinyl covers.

Face cradles are fitted with FDA approved level 1 barrier fabric to capture droplets from the mouth or nose when the client is face down.

All staff will have their temperatures taken daily. If we exhibit any signs of illness or have been exposed to anyone who has been diagnosed with Covid-19, we will call you and cancel/reschedule your appointment.

We will not visit any "hot spots" or expose ourselves to anyone who has traveled outside of the country or visited any "hot spots."

Your therapist will be wearing gloves.

Your therapist will be wearing a cloth mask which was made to Tanner hospital's specification for its employees who do not need N95 or other similar masks.

Your therapist will wear a gown which is made from FDA approved level 1 barrier fabric. They are the same ones used by Tanner hospitals.

All linens are washed in hot water and kept in closed containers, cabinets, or closets.