

Corona Virus Policies and Liability Release Form

I, (print name) _____ agree to adhere to the following policies:

TEMPORARY CANCELLATION / RESCHEDULING POLICY

This temporary cancellation/rescheduling policy will remain in effect until we are no longer under the executive orders for Covid-19 as set forth by the Governor of Georgia. After that date, our normal cancellation/rescheduling policy will resume.

- Please take your temperature on the morning of your appointment. If you are running a temperature over 99F, or exhibiting symptoms of Covid-19, please call immediately and reschedule your appointment. There will be no penalty for late rescheduling by 9:00AM on the morning of your appointment if you have an elevated temperature or are exhibiting symptoms of a contagious condition. Please let us know before operating hours so that we may have a chance to fill the appointment. Rescheduling must be within six weeks of the original appointment, otherwise it is considered a cancellation, and the full fee for the new appointment must be pre-paid. Exception: If you are still considered contagious or too ill to receive therapy after six weeks, please provide a doctor's note, and we will reschedule you for a second time within six weeks without penalty. There are no refunds given for canceled or rescheduled appointments after 9:00AM or missed appointments (no shows).
- If you have been exposed to someone with Covid-19, you will need to reschedule. Our normal policies apply: Appointments may be rescheduled once with a minimum of 24 hours' notice or by noon on Friday for Monday appointments. If a client needs to reschedule more than once, a fee of 50% the value of the appointment will be charged for the rescheduling. Rescheduling must be within six weeks of the original appointment, otherwise it is considered a cancellation, and the full fee for the new appointment must be pre-paid. There are no refunds given for canceled or missed appointments.
- **Be sure to check your booking confirmation email and appointment confirmation text and VERIFY THE APPOINTMENT TIME/DATE TO AVOID ERRORS OR SCHEDULE CONFLICTS!!**
There are no refunds given for canceled or missed appointments.

SILENCE YOUR PHONE UPON ARRIVAL BY TURNING IT OFF OR PUTTING IT ON AIRPLANE MODE.

MASKS ARE REQUIRED. If you do not have one, a mask will be given to you.

Upon arrival, go straight to the restroom and wash your hands with soap for 30 seconds. If you need to use the restroom, please do so while you are there.

Signature of client, parent, or guardian

_____ Date _____

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Due to the outbreak of 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:

- Fever
- Fatigue
- Cough
- Difficulty breathing
- Sore throat
- Nasal/sinus congestion
- Diarrhea
- Headaches
- Unusual aches and pains
- New loss of taste or smell

I, (print name) _____ agree to the following:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with COVID19 within the last 14 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 14 days.

I affirm that I, as well as all household members, have not, nor have we been exposed to, anyone who has, traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 14 days.

I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other 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 business from any and all liability for the unintentional exposure or harm due to COVID-19 or any other infectious disease.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature of Client, Parent, or Guardian

_____ Date _____