

## COVID-19 Information and Liability Waiver

<b>COVID-19 Information</b>	<b>Yes</b>	<b>No</b>
Have you had a fever in the last 24 hours of 100°F or above?		
Do you have now, or have you recently had, any respiratory symptoms, persistent cough, or shortness of breath?		
Are you now experiencing, or have you recently experienced, chills, muscle pain or body aches?		
Are you now experiencing, or have you recently experienced, a headache or sore throat?		
Are you now experiencing, or have you recently experienced, flu-like symptoms, congestion or a runny nose, nausea or vomiting, or diarrhea?		
Are you now experiencing, or have you recently experienced, a new loss of taste or smell?		
Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms?		
Have you traveled internationally within the last 14 days?		
Have you traveled to a highly-impacted area within the United States within the last 14 days?		
Have you been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities?		

By signing this form, I understand that truthfully answering “yes” to any of the above will result in Yoga 360 rescheduling my service to a later day when I can truthfully answer “no” to all of them. My signature also further acknowledges that I am following all CDC-recommended guidelines as much as possible and limiting my exposure to COVID-19. COVID-19 is a highly contagious virus that spreads from person to person. In addition to long-held and explicit sanitation measures Yoga 360 has always adhered to, new preventative measures have been put in place to further reduce the spread of this novel coronavirus. I acknowledge that I must comply with all of Yoga 360’s set procedures to reduce the spread while attending my appointment. However, these best practices still offer no guarantee regarding my potential risk of being infected.

### **Consent to Receive Services**

I understand that, because spa services involve maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving services at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner and Yoga 360 from any claims related hereto. I give my consent to receive services.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_