



CLIENT PRESCREEN AND WAIVER

Q's Tranquility is committed to your well-being, the well-being of our massage therapists and our community. Due to the pandemic of the coronavirus illness, COVID-19, we have implemented additional standards in attempt to stop the spread of the virus and we follow or exceed sanitation/disinfection guidelines issued by the Center for Disease Control (CDC).

For your visit today, _____, you acknowledge and agree to the following:

Date: _____

I understand that the CDC has published the following as symptoms of COVID-19:

Fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, sore throat, new loss of taste or smell

The following statements are true for me and my household members:

- We are not currently experiencing any of the above symptoms
- We have not been diagnosed with COVID-19 in the past 30 days
- We have not knowingly been exposed to anyone with COVID-19 within the past 30 days
- We have not traveled outside of the country or to/from any COVID-19 "hot spots" within The past 30 days

I also acknowledge the following:

- A person can unintentionally spread COVID-19 to others even if they do not feel sick or Have symptoms
- Masks are meant to reduce the possibility of spreading the virus when infection is Known or unknown; they do not block the virus.
- I understand and acknowledge that my therapist, the staff, this business, or the franchise of this business cannot completely control the spread of COVID-19 and I have Chosen to enter this business and consent to receive close contact services with full Knowledge of the risk of contracting COVID-19 when social distancing is not observed.

Because we are all in this together, your massage therapist and anyone who works or is associated with Q's Tranquility, also acknowledge and agree to these same standards and statements every day. By signing below, I agree not to hold my massage therapist, or any others associated with this business liable for any exposure to COVID-19 while at Q's Tranquility.

Client Signature _____

Client's Printed Name _____