

Thrive Acupressure Studio

New Covid-19 Informed Consent Waiver

- 1) To the best of my knowledge, I qualify to be treated according to the Protocols of Thrive Acupressure Studio. I will wear a double mask if asked to during the treatment. **Yes or No (Circle One)**

- 2) Any hands-on treatment involves some risk of Covid-19 transmission. The Therapist has protocols to help reduce or mitigate risk where possible, but that risk cannot be reduced to zero. **Do you understand? Yes or No (Circle One)**

- 3) The client consents to treatment from Gigi Huscroft at Thrive Acupressure Studio despite some risk. **Yes or No (Circle one)**

- 4) What Services would you like today? Body Talk, Shiatsu Therapy with Acupressure, Touch For Health, SIPS Acupressure, SOTA Wellness Instruments, Tuning Forks, or Any. (Circle) **All sessions are 1 hour**

- 5) Are you experiencing any cold or flu-like symptoms recently? **Yes or No**

- 6) Has anyone in your circle been experiencing any cold or flu-like symptoms recently? **Yes or No**

- 7) **Because of the many Covid-19 variants I require that all clients be vaccinated.**

How many shots have you had? 1 2 3 (Circle)

_____ **Sign** _____ **Date**

_____ **Print Name** _____ **Phone#**