

Lacey Massage Therapy, PLLC
COVID-19 Health Info & Liability Waiver

Please read the following and sign below.

If you have been exposed to someone with COVID-19 or are experiencing any of the following symptoms, contact your primary health care provider. You must be in quarantine for 14 days and cancel your massage appointment. The cancellation fee is waived for COVID-19 related issues.

Symptoms of COVID-19 include, but are not limited to:

Fever	Fatigue	Dry Cough	Difficulty breathing	Headaches
Diarrhea	Confusion	Chest Pain	Sudden onset body aches	New rash/skin changes
Chills	Sore throat	Loss of taste & smell	Runny nose/nasal congestion	

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

I agree to having my temperature taken prior to getting on the massage table.

Temp: _____ Time taken: _____

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

I affirm that I, as well as household members, have not 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 each client.

I understand the risk that I am taking by being a willing participant to receive a massage in this facility today and I accept ALL responsibility in the event I test positive at any time following my massage.

I understand that COVID-19 has been declared a global pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms (asymptomatic) and still be contagious.

I affirm that I will contact Becky Lundin, LMT/Lacey Massage Therapy, PLLC as soon as possible if I begin exhibiting any of the above symptoms within 14 days of my massage.

Consent for Treatment

I understand that, because massage therapy work involves 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 treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Becky Lundin, LMT/Lacey Massage Therapy, PLLC from any claims related thereto. I give my consent to receive treatment from Becky Lundin, LMT.

Client Signature: _____ Date: _____

Name printed: _____