

.Waiver for all Patrons required signing a COVID-19 liability waiver first.

As states continue to reopen amid the novel coronavirus outbreak, it's back to business -- but of course, not business as usual.

The waiver essentially means you won't sue the company if you contract the virus.

Please note there is a 10% surcharge added to all services for Covid19 PPE in order for us to be in compliance with Governor Ned Lamont Rules.

I \_\_\_\_\_ (please print) Customer and Patron of Branford River Resort and Spa LLC have read all the protocols and informed of all Personal Protection Equipment and have been provided for all necessary protection to have services performed to protect myself from unknown diseases such as Covid19. I hold harmless said Company: Branford River Resort and Spa LLC, it's managers, employees, agents and associates of all possible litigation for unknown diseases such as Covid19 if I contract said diseases and waive all rights for such litigation against said Company, Branford River Resort and Spa LLC, it's managers, agents, employees and associates because I feel I have been in a safe working environment and received services at my own free will/risk to receive said services. I therefore, waive all rights in lawsuits against the Company Branford River Resort and Spa LLC, its employees, managers and agents and herein sign such wavier to release all harm that may cause to said business while receiving any and any and all services.

\_\_\_\_\_  
Patron/Customer Name:

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

\_\_\_\_\_  
Branford River Resort and Spa LLC

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

# STATE GUIDELINE QUESTIONNAIRE

- HAVE YOU BEEN HOSPITALIZED/ON SELF QUARANTINE OR BEEN TO THE HOSPITAL WITHIN THE LAST TWO WEEKS?

YES

NO

- HAVE YOU BEEN OUT OF STATE OR COUNTRY IN THE LAST TWO WEEKS FOR ANY REASON?

YES

NO

IF YES, WHERE DID YOU VISIT? \_\_\_\_\_

- HAVE YOU COME INTO CONTACT WITH ANYONE WITH COVID-19 OR COVID-19 SYMPTOMS TO THE BEST OF YOUR KNOWLEDGE IN THE 14 DAYS?

YES

NO

IF YES, When/Where and how long ago? \_\_\_\_\_

Customer Name: \_\_\_\_\_ DATE: \_\_\_\_\_

BY SIGNING BELOW I attest that these questions above are answered honestly and to the best of my knowledge are accurate representations of truth.

CLIENT SIGNATURE

**X** \_\_\_\_\_

PLEASE PRINT CLEARLY

## NEW CLIENT HEALTH/MEDICAL HISTORY

Answer the following questions to the best of your knowledge. The information will be treated confidentially. Before and during your treatment, feedback in tailoring your personal needs would be greatly appreciated and respected. Spa has the rights of refusing any treatments that will cause liability to the company and client waives the rights to any future suits/lawsuits that may be the result of said spa treatments that he/she chooses to receive at the spa.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK # \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE APPOINTMENT TEXT REMINDERS YES or NO

SEX: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

ROBE SIZE: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

### CIRCLE THE FOLLOWING SERVICES TO BE PERFORMED:

Skin Care	Pedicures	Manicures/Artificial Nails	Waxing
Haircut/Color treatment	Massage Therapy	Body Treatments/Wraps	Hydrotherapy
Micro-blading	Wellness Pod	Spa Package	OTHER

## HEALTH CONDITIONS

- |                                                          |                                              |                                                  |                                                     |
|----------------------------------------------------------|----------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Abscess/Open Sore               | <input type="checkbox"/> Fibrosis            | <input type="checkbox"/> Kyphosis/Scoliosis      | <input type="checkbox"/> Varicose veins             |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Nail/Foot Fungus        | <input type="checkbox"/> Anxiety                    |
| <input type="checkbox"/> Back Injury/Surgery             | <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Osteoporosis            | <input type="checkbox"/> Depression                 |
| <input type="checkbox"/> Blood Clotting Abnormalities    | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Phlebitis/Clots         | <input type="checkbox"/> Arthritis (Type?): _____   |
| <input type="checkbox"/> Cancer/Malignancy               | <input type="checkbox"/> Herpes/Cold Sores   | <input type="checkbox"/> PMS/Heavy Periods       |                                                     |
| <input type="checkbox"/> Carpal Tunnel                   | <input type="checkbox"/> HIV/AIDS            | <input type="checkbox"/> Shoulder Injury/Surgery |                                                     |
| <input type="checkbox"/> Diabetes Self/ Immediate Family | <input type="checkbox"/> Hormone Imbalance   | <input type="checkbox"/> Skin Disorders          |                                                     |
| <input type="checkbox"/> Digestive/IBS                   | <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Skin Sensitivity        | <input type="checkbox"/> Herniated Disc (#?): _____ |
| <input type="checkbox"/> Easy Bruising                   | <input type="checkbox"/> Inner Ear Problems  | <input type="checkbox"/> Stress                  |                                                     |
| <input type="checkbox"/> Fibromyalgia                    | <input type="checkbox"/> Keloid Scarring     | <input type="checkbox"/> Thyroid Imbalance       | <input type="checkbox"/> OTHER _____                |

**NO MEDICAL OR HEALTH CONDITIONS**

**DO YOU HAVE ANY OTHER HEALTH PROBLEMS OR MEDICAL CONDITIONS NOT LISTED?**

(Please list) \_\_\_\_\_

**ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?**  Yes  No

**NAME OF PHYSICIAN:** \_\_\_\_\_

**ANY KNOWN ALLERGIES:**

**NO KNOWN ALLERGIES**

Food (list what type below)  Animal Protein  Lidocaine  Hydrocortisone  Hydroquinone/Skin bleaching agents  Other: \_\_\_\_\_

**HAVE YOU EVER HAD AN ALLERGIC REACTION?**  Yes  No

(List all that you have had and reaction you've experienced) \_\_\_\_\_

**EXERCISE** \_\_\_\_\_ (times per week) **HOURS OF SLEEP NIGHTLY:** \_\_\_\_\_

**DAILY CONSUMPTION OF: TOBACCO:** \_\_\_\_\_

**ALCOHOL:** \_\_\_\_\_ **CAFFINE:** \_\_\_\_\_

**DO YOU WEAR:**  CONTACTS  DENTURES  HEARING AID

**ARE YOU PREGNANT OR TRYING TO BECOME PREGNANT?**  Yes  No

**ARE YOU BREASTFEEDING?**  Yes  No

**IF PREGNANT DUE DATE:** \_\_\_\_\_

**WHAT OVER THE COUNTER AND/OR PRESCRIPTION MEDICATIONS ARE YOU PRESENTLY TAKING?**  Birth control pills  Hormones  Coumadin

Others (It is required that you list all of them): \_\_\_\_\_

**DO YOU TAKE ANY MEDICATIONS FOR HEART CONDITIONS?**       Yes     No  
(If "Yes" please list:)

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**DO YOU TAKE ANTI-COAGULATE OR ANTIBIOTIC MEDICATION**     Yes     No  
(If "Yes" please list:)

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**WHAT TOPICAL MEDICATIONS OR CREAMS ARE YOU CURRENTLY USING?**  
 Retin-A     Others (please list) \_\_\_\_\_

**WHAT HERBAL SUPPLEMENTS DO YOU USE REGULARLY?**

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**LIST ANY AREAS OF MUSCULOSKELETAL PAIN/STIFFNESS OR JOINT PAIN** (Low Back, Knees, Neck Shoulders, Etc.)

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**LIST ANY SENSITIVE AREAS OF THE BODY THAT TOO MUCH PRESSURE WOULD BE APPLIED TO:**

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**PREVIOUS SURGERY/FRACTURES:**

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**HAVE YOU RECEIVED ANY FILLERS, RESTYLANE, OR BOTOX?**  
 Fillers       Restylane       Juvederm       Botox       Other: \_\_\_\_\_  
**If So, What area of the body was it applied to?** \_\_\_\_\_

I certify that the preceding medical and personal history statements are true and correct. I am aware that it is my responsibility to inform the massage therapist or other health care professional of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures. Any exacerbation of pre-existing conditions that have not been mentioned on this form are not the responsibility of the practitioner and/or Branford River Resort and Spa, and I agree to hold harmless the practitioner and/or Branford River Resort and Spa for any exacerbation of such previously existing conditions and or treatments received as of this date and henceforth in the future at the Spa.

**Signature of Client**

X \_\_\_\_\_

**Date Signed** \_\_\_\_\_

### **Client Treatment Consent and Release**

I acknowledge that beauty treatments, the practice of skin care, and the practice of massage, including, but not limited to, face treatments, microdermabrasion, micro-blading, waxing, electrolysis, facial toning, permanent cosmetics, body treatments, ionization, laser treatments, tattoo removal, vein treatments, brown spot removal, wellness pod, BOTOX, Collagen, Dermal Fillers, PRP Injections, Sclerotherapy, Mesotherapy, micro blading, Derma plane, and/or any other various beauty procedures is not an exact science and no specific guaranties can or have been made concerning the outcome. I understand that some clients experience more change and improvement than others. In virtually all cases, multiple treatments are required in order to realize a difference.

I also understand and agree to assume the following risks and hazards which may occur in connection with any particular treatment including but not limited to: unsatisfactory results, soreness, poor healing, discomfort, redness, blistering, nerve damage, scarring, infection, and change in skin pigmentation, allergic reaction, muscle damage, and increased hair growth. I understand that even though precautions may be taken in my treatment, not all risks can be known in advance.

Given the above, I understand that response to treatment varies on an individual basis and that specific results are not guaranteed.

Therefore, in consideration for any treatment received, I agree to unconditionally defend, hold harmless and release from any and all liability the company and the individual that provided my treatment, the insured, and any additional insureds, as well as any officers, directors, or employees of the above companies for any condition or result, known or unknown, that may arise as a consequence of any treatment that I receive.

I have fully disclosed on my client intake form any medications, previous complications, or current conditions that may affect my treatment. I understand and agree that any legal action of any kind related to any treatment I receive will be limited to binding arbitration using a single arbitrator agreed to by both parties.

**Non-Disparagement Clause** This Consent Form disparages client from now and thereafter agrees to take no action which is intended to harm, slander or inflict punitive damages onto the Company, Owners, Employees or Agents on any of its reputation or which would reasonably be expected to lead to unwanted or unfavorable publicity to the Company, Owners, Employees or Agents including internet or reviews. This does not affect the Company being contacted directly to try to resolve any unhappy services or products for a resolution. It is our Company policy to make the consumer happy and it is our goal to have the client return.

X \_\_\_\_\_  
Client Signature

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

\_\_\_\_\_  
Printed Name

### **Model Release (For micro blading)**

In consideration for treatment received, I hereby grant permission to the individual or company that provided my treatment to use any photographic treatment records for the purposes of clinical and statistical studies, advertising, or promotion without any additional compensation to me.

X \_\_\_\_\_  
Client Signature

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

**SPA PROTOCOLS AND**  
**PROCEDURES FOR COVID19**  
**SANITATION GUIDELINES**  
**(NEXT PAGE)**

1. All employees/workers will sign a Covid19 liability waiver for rehire to work.
2. All patrons receiving services will sign a Covid19 liability waiver.
3. All patrons are recommended to wear face coverings unless medically contrary to their health or for safety reasons.
4. All employees/workers are to wear PPE apparel including uniforms, no street shoes, KN95 mask and/or face shield and/or protective eyewear and disposable gloves when needed in performing their job duties.
5. All employees/workers and patrons are required to immediately to wash their hands for 20 seconds with disinfected soap upon entry into the premises prior to start of shift or prior to receiving services.
6. All employees/workers and patrons are temperature checked prior to entering premises. Anyone with a temperature above 99.9 F will not be allowed in building.
7. All employees/workers and patrons will be given non-street shoe apparel to wear during their entry into the building.
8. All cell phones must be left in the car for all employees/workers and patrons. They will not be allowed inside the building. Exception is for micro blading pictures of before and after photos needed to complete work and is only allowed by that employee and must be kept in that one designated area for said photos.
9. All employees/workers must fill in bathroom disinfection log and must maintain complete sanitation protocols taught during training of Covid19 protocol.
10. All employees/workers will point out signage to be followed by all patrons on face mask wearing at all entrances and reception desk to adhere to. If at any time, any patron or employee/worker feels unsafe, they are to leave the premises of the building and refuse work or services.

11. Sanitation Protocol for Covid19 Guidelines are displayed on both levels of the spa and are at free to read and ask any questions to management.
12. No beverages nor snacks are to be eaten on the premises by patrons and only the served amenities to the patron allowed by the technician will be permitted, such as water, tea, coffee etc.
13. No indoors waiting area will be allowed to sit in and only the rooms designated for service as well as the bathroom will be allowed while being serviced for patrons. Bathrooms are to be treated as a logistics in planning for usage by patrons.
14. Break rooms must be allotted by the employee on a one to one basis or a 6 foot distance during any two employees at one given time, i.e. kitchen for breaks.
15. Laundry must be put in bins and handled with proper PPE and gloves when caring for any sheets, towels or robes/sandals.
16. All handles (door, toilet, and faucets) and light switches are to be disinfected wiped down continually before and after every client.
17. All plastic table covers, hot cabinets, steamers, sinks, counters and chairs are to be disinfected wiped down continually before and after every client.
18. Keyboards, phones and credit card terminals will be disinfected wiped each time prior to touch and after touch.
19. Tools are to be followed by all state board guidelines.
20. Patrons receiving massage should rinse off prior to receiving any services and said showers shall be disinfected prior to and after each client with grade disinfection protocol. Gloves must be worn during any and all disinfection of any bathroom.
21. Spa capacity is a normal maximum of 21 people and therefore we are allotted 50% capacity limit by governor sector rules. Therefore, at no time will there be allowed more than 10 people total in the building at one time and all patrons will have their own delegated service room.

# DAILY CHECKLIST FOR SANITATION

Temperature check/PPE used/frequent handwashing/sanitizers

Door/toilet/faucet Handles/ - Complete sanitation wiped prior to and afterwards touching for client

Light Switches - Complete sanitation wiped prior to and afterwards touching for client

Chairs/Stations/Tables/Countertops - Complete sanitation wiped prior to and afterwards touching for client

Bathroom Disinfection Log must be filled out by each employee/worker

Laundry must be kept in closed containers and constantly washed throughout the day while using gloves and masks

Tools must follow State Board Guidelines for all disinfecting and sanitation protocols and must be completed before leaving your shift that day

Uniforms and shoes must be put in washer or properly disinfected prior to leaving for the day your shift ends when the clean is complete