



COVID-19 PROCEDURES AND POLICIES

In an effort to keep my clients and our community safe, I will be implementing some simple requirements while visiting my office. I thank you in advance for your patience and cooperation as we try to navigate these changes. I will also be restricting my hours to times when Dr. Barrett is NOT seeing patients, to minimize foot-traffic and exposure. While these additional precautions may help minimize exposure for other clients, there is NO WAY for you and I to effectively socially distance. That is to say, if you have an indication that you may be sick (no matter how small), PLEASE RESCHEDULE. I will make the same vow to you.

REQUIRED SAFETY PRECAUTIONS:

- * Please wear a mask to your appointment.
- * Everyone will be required to wash or sanitize their hands upon arrival.
- * Please wait in your car until your scheduled appointment time. Please let me know you are here via text at 772-200-4276. I will come collect you when the treatment room has been sanitized and I am ready for you.
- * Please do not bring guests to your appointment. Only the client will be permitted in the office.
- * No food or beverages inside the office.
- * Please do not bring personal items into the office such as purses, backpacks, phones, etc. need to be left at home or in your vehicle.
- * Please bring in only 1 method of payment (1 credit card, cash, single check)
- * All clients will be required to sign a the release below prior to every appointment.

1. Have you had a fever of 100.4 F or greater in the last 2 days?
2. Do you have a cough, difficulty breathing, sore throat or loss of taste or smell?
3. Have you had contact with a person known to be infected with COVID-19 within the past 14 days?

If the answer is YES to anything above, you must reschedule your appointment for a period of at least 14 days from now.



COVID-19 LIABILITY WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

MOJO MASTER, INC., has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your family, will not become infected with COVID-19. Further, coming into our establishment could increase your risk and your families risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by entering this establishment and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at MOJO MASTER, INC. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, other clients, and/or delivery services, (I.e. UPS, USPS, FEDEX).

I, _____, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any exposure to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or may experience or incur in connection with my appointment at MOJO MASTER, INC.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless MOJO MASTER, INC., its employees, independent contractors and owners, of and from any claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of MOJO MASTER, INC., its employees, independent contractors and owners, whether a COVID-19 infection occurs before, during, or after any appointment at MOJO MASTER, INC.

CLIENT SIGNATURE

DATE