**Fusion Massage Therapy, LLC (MM40512)**

**9750 Seminole Blvd., Ste C, Seminole, FL 33772**

**COVID-19 Client Declaration**

Due to the infectious nature of COVID-19 and in an effort to maintain a safe and healthy environment for all clients and therapist, this declaration will help determine whether you can safely be treated in this office at this time or at any future appointment. **If you have a fever (above 100.2****˚F) your appointment will be rescheduled and there will be no cancellation fee**. *Please know that people with COVID-19 can be asymptomatic yet contagious therefore it is imperative that we take all measures possible to protect one another.*

**PLEASE INITIAL NEXT TO EACH STATEMENT BELOW AND SIGN AND DATE AT THE BOTTOM.**

1. I agree to have my temperature taken via forehead thermal scan upon arrival to

**each** appointment. \_\_\_\_\_\_\_\_

1. I agree that I will reschedule any appointment for which my temperature has

exceeded 100.2**˚**F in the 72 hours prior to said appointment. \_\_\_\_\_\_\_\_

1. I agree to apply hand sanitizer upon arrival to each appointment. \_\_\_\_\_\_\_\_

1. I agree that I will reschedule any appointment for which **I or anyone in my household**

has come into contact with anyone displaying symptoms or testing positive for

COVID-19 within the 2 weeks prior to said appointment. \_\_\_\_\_\_\_\_

1. I agree that I will reschedule any appointment for which **I or anyone in my**

**household** has experienced the following symptoms within the 2 weeks prior to said

appointment: Fever, Cough, Shortness of Breath, Persistent Chest Pain or Pressure, Sore

Throat, Sudden Loss of Taste or Smell, Sudden Onset Body Aches \_\_\_\_\_\_\_\_

1. I acknowledge that I am receiving Massage Therapy knowing that social distancing cannot

be adhered to during any massage session. \_\_\_\_\_\_\_\_

1. In the event I contract COVID-19, I will notify my therapist immediately \_\_\_\_\_\_\_\_

1. I understand that I must wear a protective face covering upon arrival to my appointment,

during my massage, and at all times while inside the business of Fusion Massage Therapy, LLC.

until otherwise instructed. \_\_\_\_\_\_\_\_

1. I understand and agree that my therapist has the right to reschedule my appointment

if I am unable to attest or adhere to any of the statements above.

There will be NO cancellation fee for rescheduling due to health precautions. \_\_\_\_\_\_\_\_

*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. Your massage therapist has put in place preventative measures to reduce the spread of COVID-19, however, your massage therapist cannot guarantee that you will not become exposed to 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 receiving massage therapy and that such exposure or infection may result in personal injury, illness, permanent disability, or death. On my behalf I hereby release, covenant not to sue, discharge, and hold harmless Fusion Massage Therapy LLC, Christine Staack Gordon (MA53308), and their landlord from any and all, claims, actions, damages, costs or expenses of any kind arising out of or relating to the massage services provided to me at this location, including, without limiting the generality of the foregoing any claims relating to the COVID-19 corona virus disease. I understand and agree that this release includes any Claims based on the actions, omissions, or negligent acts of my massage therapist or the establishment where massage therapy services were received, whether COVID-19 infection occurs before, during, or after participation in any massage therapy.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_