

# Serenity Therapeutic Massage, LLC

## COVID-19 Screening Agreement

***I agree that I am not currently experiencing any of these symptoms:***

Cough

Diarrhea

Shortness of breath or difficulty breathing

Vomiting

Fever

Nausea

Chills

New loss of taste or smell

Muscle pain

Sore throat

***I agree that I have not:***

Tested positive for COVID-19 (or, if I have previously tested positive, I confirm that my physician has informed me that I am clear to participate in public activities)

Knowingly been exposed to someone with COVID-19 within the past days

Been in an area where social distancing was not properly observed within the past 14 days

**If you have experienced any of the above, please reschedule your appointment at least 14 days from now.**

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Print Full Name

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Sign Full Name

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Date

# Serenity Therapeutic Massage, LLC

## COVID-19 Waiver and Release of Liability

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.

Serenity Therapeutic Massage, LLC (“Serenity”), operated by Andrea Mariani, BCTMB #410186-00, NJ LMT #18KT00234600 has put in place preventative measures to reduce the risk that COVID-19 might be contracted at its facility. However, Serenity cannot guarantee that you will not become infected with COVID-19 as a result of receiving the services (e.g., massage therapy) of Serenity.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by receiving the services of Serenity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. You further confirm your understanding that the risk of being exposed to or infected by COVID-19 at Serenity may result from the actions, omissions, or negligence of Serenity’s principal(s) and/or others, including, but not limited to, the owner of Serenity, other clients of Serenity, all other businesses that share office space with Serenity at 120 Morris Avenue, Springfield NJ, and/or the clients of said other businesses. Further, by signing below, you voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm you may experience or incur in connection with receiving services from Serenity.

Lastly, you hereby release, covenant not to sue, discharge, and hold harmless Serenity, its employee, agents, and representatives, of and from any liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to your receipt of Serenity’s services.

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Print Full Name

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Sign Full Name

Date \_\_\_\_\_