



Infinite Healing A Holistic Mobile Spa

Waiver/Consent Form – Covid 19

Please read and complete the following consent/waiver form.

"I, _____ (**Initial**), confirm that I am the party receiving the massage that will be provided by Infinite Healing on _____ (today's date and date of service) and I am not presenting, and no one in my household has any of the following symptoms currently or within the last 14 days:

Fever
Shortness of breath
Loss of sense of taste or smell
Dry cough
Runny Nose
Sore throat

I, _____ (**Initial**), also verify that I have NOT traveled domestically within the United States by commercial airline, bus, train or internationally within the past 14 days.

I, _____ (**Initial**), furthermore agree that I am receiving the massage of my own free will. I understand that Infinite Healing's Independent Contractors (Massage Therapists) have confirmed the aforementioned points in terms of themselves and their households as it pertains to Covid 19, and, thus I will not hold Infinite Healing responsible should I present with the aforementioned symptoms within the 14 days following the massage on _____ (today's date and date of service)."

Print Name

Signature

Date