

COVID-19 Release Form

In order to proceed with a treatment from Rachel Mathews at sacred embodiment, please read the following information diligently.

COVID-19 is highly contagious. Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contact within 6 feet, *especially over prolonged periods of time in enclosed spaces.*

The close physical contact of massage poses a risk at this time. I am taking every possible precaution to help mitigate that risk, but it still exists. You must determine if this risk is appropriate for you. Please carefully consider the full extent of this risk for yourself and your loved ones before receiving a massage.

Those with underlying conditions are at higher risk for developing serious infections. If you have any underlying conditions, I strongly recommend postponing your massage until a treatment or vaccine for COVID-19 becomes available.

If you do not have any underlying conditions, you may be in the estimated 80% of people who are able to weather the virus at home, without medical intervention. We are still unsure of the full extent of long-term health complications which may arise as a result of infection.

Safety Requirements

- **Please arrive on time, not early**, to your appointment, as I will be thoroughly disinfecting and ventilating the space between clients.
- Properly fitted masks must be worn over the nose and mouth at all times both by the client and the therapist. Bandanas are not permitted. A pillowcase will be provided over the face cradle as your mask in the face down position, to allow for greater ease of breathing.
- Venmo is preferred for payment and tips at this time. I take cash or check if necessary.
- Please print and fill out forms ahead of time if you can, otherwise paper copies will be available when you arrive.
- Please be recently showered and wear clean clothes to your appointment.
- There is a sink inside of my massage space for you to wash your hands upon entry, and before you leave. Hand sanitizer is also provided.
- We will conduct the intake interview at a distance of 6 feet, and minimize talking while you are on the table.
- Please bring your own water bottle.
- If possible, please take your temperature prior to your appointment, and cancel your appointment if it is over 100°F.

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Day of Appointment Symptom Check

Have you had a fever in the last 24 hours of 100°F or above? yes no

Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?
yes no

Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? yes no

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? yes no

Revised Cancellation Policy

Cancellation fees are waived if you are feeling at all unwell, exhibiting any cold, flu or COVID related symptoms, or suspect that you have been in contact with someone who may be sick. Please do not hesitate to cancel your appointment, and let me know as soon as possible at 912-856-6307.

Consent for Treatment

I have diligently read all of the information presented and have considered the fullest extent of the risk of disease transmission at this time. I agree to adhere to all of the listed safety requirements. I have answered each question honestly and I agree to inform Rachel Mathews as soon as possible if I experience any symptoms within two weeks of receiving this treatment.

I understand that, because massage therapy and body work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Rachel Mathews from any claims related thereto. I give my consent to receive treatment from Rachel Mathews.

Client Printed Name: _____

Client Signature: _____ Date: _____

Under 18: Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____