

## COVID-19 Release Form

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

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Based on what is currently known about the Covid-19 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 underlying conditions, I strongly recommend postponing your massage until you have received a Covid-19 vaccine.

We are still unsure of the full extent of long-term health complications which may arise as a result of infection.

### Safety Requirements

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- Please schedule your appointment two weeks after any travel by plane, long distance bus or train.
- **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/Bufs 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.
- I practice safer-at-home guidelines, social distancing and mask wearing when I go out for necessities. **I expect that my clients are doing the same** to protect me, my other clients, and my livelihood. **If this is not your practice, please cancel your appointment.**
- Venmo is preferred for payment and tips at this time. I also take cash or check. I do not take cards.
- 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.
- We will conduct the intake interview at a distance of 6 feet, and minimize talking while you are on the table.
- If possible, please take your temperature prior to your appointment, and cancel your appointment if it is over 100°F.

**COVID-19 Release Form**  
Day of Appointment Safety Check

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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

Are you practicing social distancing, mask wearing, and safer-at-home guidelines? yes  no

Have you traveled by plane, long distance bus or train in the past 2 weeks? yes  no

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Revised Cancellation Policy

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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.

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Consent for Treatment

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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 a 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: \_\_\_\_\_