your business name

**TREATMENT CONSENT FORM & COVID-19 RISK LIABILITY WAIVER AGREEMENT**

|  |  |  |
| --- | --- | --- |
| **CLIENT NAME:** | | |
| How are you feeling today?  Do you have a temperature or persistent cough or any other symptoms that you cannot account for?  Have you had any of these symptoms in the last 14 days?  Have you or anyone you have had close contact with, been tested for Covid-19, or received treatment for it? If so, when?  Are or should, you or anyone that you have close contact with be self-isolating at the moment?  Do you have any underlying health conditions that could make you high risk to Covid-19? If so, which conditions?  Have you read and understood the new infection control protocols that your business name has implemented and are you agreeable to them? | | |
| **COVID-19 RISK LIABILITY WAIVER AGREEMENT FOR SHIATSU TREATMENT**  By signing, I confirm that my shiatsu therapist has: | | |
| * Accepted, based on information I have disclosed, that I am in good health and COVID-19 free. It is therefore agreed that I may receive a treatment. * Confirmed that the facility and treatment room have been prepared in accordance with the Government COVID-19 safety and hygiene checklists.   My signature verifies that I agree to irrevocably release and waive any claims that I have now, or may have hereafter, against my shiatsu therapist in relation to any COVID-19 infection diagnosis or condition. | | |
| **DECLARATION** | | |
| I am over 16 years of age. The above information is true to the best of my knowledge and I have not withheld any relevant information. I understand that I am financially responsible for all payments and consent to the treatment and the COVID-19 Risk Liability Waiver Agreement. | | |
|  |  |  |
| *Client/Client’s Guardian signature Date* |