



INSIDEOUT

HEALTH & WELLNESS

COVID-19 PANDEMIC WELLNESS/SPA TREATMENT CONSENT FORM

I, _____ knowingly and willingly consent to have wellness/spa service(s) during the COVID-19 pandemic.

_____ I understand the Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing.

_____ I understand that due to the frequency of visits of other clients, characteristics of the virus, characteristics of wellness services, and characteristics of the wellness center, that I may have a risk of contracting the virus simply by being in the center.

_____ I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- *Temperature above 100.2 F
- *Shortness of breath
- *Loss of sense of taste or smell
- *Dry cough
- *Sore throat

_____ I confirm that I present symptoms between now and my appointment that I will cancel. I also understand that I can be denied services if I show up with symptoms.

_____ I confirm that I have not been around anyone who has these symptoms in the past 14 days.

_____ I do not live with anyone who is sick or quarantined.

_____ To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow Insideout Health & Wellness' strict guidelines.

_____ I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And I understand that the CDC and local MA government health officials recommend social distancing of at least 6 feet apart.

_____ I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by Covid-19.

_____ I verify that I have not traveled within the United States by commercial airline, bus or train within the past 14 days.

Signature _____ Date _____