# Serenity Healing Studio Client Waiver Form

Please take a moment to read and initial the following information:

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that
  my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat
  physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- I agree to abide by all policies set forth by the business and massage therapist.
- I understand that, because massage therapy 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.
- I understand that my name and contact information might be shared with the state
  health department in the event that a client or practitioner at this facility tests positive for COVID19. My contact details will only be shared in the event they are relevant based on suspected
  exposure date, and only for appropriate follow-up by the health department.
- I understand that this business and my massage therapist cannot be held liable for any exposure to the COVID-19 virus or any other contagion caused by misinformation on this form or the health history provided by each client.
- By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner and release the massage therapist and business from any liability for the unintentional exposure or harm due to COVID-19 or other communicable diseases.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

# **COVID-19 Policies**

- Late Cancellation Fees will be waived for anyone re-scheduling due to illness. Please notify the
  business As Soon As Possible if you are ill and need to cancel or reschedule! If any client abuses
  the illness waiver with excessive last-minute cancellations they will be charged for their missed
  appointment.
- We are requiring all guests to wear a mask (cloth is fine) when entering the studio and receiving treatment. Please bring your own if possible.
- We will be checking temperatures of guests using a contactless thermometer and any guest with a temperature of 100°F or higher will be asked to reschedule.
- Refrain from visiting the studio if you or a household member has or have had a fever, COVID-19 symptoms or a communicable illness in the past 14 days. Symptoms of COVID-19 include:
  - Fever
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste or smell

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- If you are high risk or immunocompromised it is not advised to receive service at this time!
- Refrain from visiting the studio if you or a household member are under an isolation or quarantine order/directive.
- Refrain from visiting the studio if you or a household member have traveled outside of the country, or to any area that is considered a "hot spot" for COVID-19 in the last 30 days.
- Refrain from visiting the studio if you or a household member have knowingly been in contact with someone in the last 14 days that has tested positive with COVID-19.
- Respect the studio's sanitation and hygiene standards and processes.
- Wash or sanitize hands prior to beginning each treatment/service.
- Our online booking process allows you to pay for your treatment and gratuity in advance if you prefer a touchless payment transaction.
- Share special sanitation or hygiene requests prior to arriving at the spa.
- Update your client intake form sent to you via email when requested to sign the updated waiver and update your therapist of any new health changes.

### **Cancellation Policy**

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored. \*Please see COVID-19 Policies for illness exception.

**24-hour advance notice** is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged the full amount of your appointment. This amount must be paid prior to your next scheduled appointment.

#### No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment.

# **Late Arrivals**

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

# **Additional Policies**

- No refunds will be made on pre-paid accounts or packages. Your paid massage(s) will be re-booked at another time if necessary.
- Some medical conditions or specific symptoms may be contraindicated for massage and a referral from your primary care physician may be required prior to services being provided.
- Any illicit or sexually suggestive remarks or advances will result in immediate termination of your session and you will be liable for payment of the scheduled appointment.
- ☐ I have read the statement above and agree to all the policies

  Client Signature\*

  Date\*

- There will be a \$35 service fee charged for any returned checks