**Consent to Treat & Liability Waiver - COVID-19**

Top of Form

Thank you for trusting Bare Body Spa with your health and wellness. Due to COVID-19 we have increased and implemented new safeguards and sanitation efforts to ensure your safety and the safety of our team. We follow or exceed all sanitation/disinfection guidelines that have been issued by Texas Department of Licensing and Regulation as well as the CDC.

**I acknowledge, understand and agree to the following:**

I am unable to enter the facility if I (or anyone in my household) have a temperature that is at or above 100 F and/or I am exhibiting or experiencing any of the following COVID-19 symptoms as published by the CDC (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)

I have not been diagnosed with COVID-19 in the past 30 days. I have not knowingly been exposed to anyone with COVID-19 within the past 30 days.

I have not traveled to any areas greatly impacted by COVID-19 (Hot Spots) or out of the country in the past 30 days.

I understand that a person can unintentionally spread COVID-19 to others even if they do not feel sick or have symptoms.

 Face coverings are required by the State in all common areas (lobby, restrooms, hallways, etc.) I am also required to wash or sanitize my hands prior to the session.

 I understand that this waiver and the requirements apply to all visits at Bare Body Spa and if at any time before my appointment my health status changes, I will notify Bare Body Spa and reschedule my appointment until I am able to return.

**I understand and acknowledge that my therapist, the staff and Bare Body Spa cannot completely control the spread of COVID-19 and I have chosen to enter this business and consent to receive close contact service with full knowledge of the risk of contracting COVID-19 where social distancing cannot be observed.**

Bare Body Spa is also committed to holding team members and therapists to the same guidelines above and together we can do our part to slow the spread.

By signing below, I agree not to hold my therapist, the staff or Bare Body Spa liable for any exposure to COVID-19 while at Bare Body Spa

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Bottom of Form