



Covid-19 Waiver

Due to the Covid-19 pandemic, extra precautions are being taken with the intake of each client. Please answer the following questions truthfully so we may continue to do our best to protect you, and ourselves, and flatten the curve.

Symptoms of Covid-19 may include:

- fever
- fatigue
- dry cough
- difficulty breathing
- sore throat
- loss of smell or taste

I, _____, accept the following affirmations
(print your name)
when engaging in a treatment from _____:
(print your therapist's name)

- I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced Covid-19 symptoms within the last 14 days
- I affirm that I, as well as all members of my household, have not been diagnosed with Covid-19 within the last 14 days
- I affirm that, to my knowledge, I have not been in contact with anyone who has been diagnosed with Covid-19
- I affirm that if I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return
- I understand that Cathedral Sports Massage and my massage therapist identified above cannot be held liable should I experience exposure to the virus or any other contagion as a result of receiving massage treatment or providing misinformation on this form
- I understand that, because massage therapy involves prolonged and close physical contact, 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 and give consent to receive massage therapy.

(print your name)

(your signature)

Date: _____