



COVID-19 Spa Service Consent Form

Name: _____

I knowingly and willingly consent to have my spa service(s) during the COVID-19 pandemic. *

by checking this box I understand and accept this statement.

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the spa's safety guidelines *

by checking this box I understand and accept this statement.

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of the spa, that I have elevated the risk of contracting the virus by entering this establishment. *

by checking this box I understand and accept this statement.

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. *

by checking this box I understand and accept this statement.

In-Spa Temperature Policy

I understand that my temperature will be taken during my visit to the spa before the services are started, and I am aware that I will not be able to receive any spa services with the following symptoms of COVID-19 listed below:

Temperature >99.5°F, shortness of breath, loss of sense of taste/smell, dry cough, runny nose, and/or sore throat.

I have fully read, understood, and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that this document is to provide the best possible guest experience when visiting.

Signature _____ Date _____