

COVID-19 Health Liability Waiver

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The safety and well-being of our staff, customers and community is our priority at Trinity Wellness. As COVID-19 continues to evolve and impact our community, we will continue to stay updated and engage in prevention procedures.

Client First & Last Name: _____
Phone #: (____) _____ - _____ **Email:** _____

COVID-19 Health Pre-Screen

- 1) Have you recently traveled outside your local area? YES or NO
- 2) Have you been in any large group gatherings? YES or NO
- 3) Do you have flu-like symptoms or respiratory issues? YES or NO
- 4) Have you had a fever in the last 24 Hours? YES or NO
- 5) Have you been in contact with others who are ill? YES or NO
- 6) Have you had potential exposure to COVID-19? YES or NO

*If you answered **YES** to any of the above questions, please leave the building for your safety & others. We ask that you wait until you are fully recovered & well at least 14 days.*

Treatment Consent: I understand that because massage/bodywork involves maintained touch and close physical proximity over an extended period, 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 from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner and will notify them of any health changes. _____ (initials)

Restroom is for customers only. **Currently all staff and customers will need to wear a mask inside the business and maintain social distancing.** We appreciate you understanding our current policies as we want to ensure the comfort and safety for all.

Please have your credit card info updated in your MindBody account, for a quick no contact check out. **As of now credit/debit card payment is preferred (3% process fee will be applied). Check or Cash is still accepted. Pre-booking your next appt. is encouraged!**

Client Signature: _____ Date: _____