

## Safe Massage Process Release Form

The health and safety of all of our clients and massage therapists are critically important to the mission of Dubuque Massage Therapy LLC. Therefore, we developed a Safe Massage Process, to mitigate the effects of COVID-19 (Coronavirus), Influenza, and other future communicable diseases. When you come into the office you can expect to:

1. Have your temperature taken.
  - If you have a temp of 100 or higher you will be sent home.
  - You may use your own thermometer while at the office and must physically show the temperature to the massage therapist.
2. See our massage therapists wearing a mask for the duration of your session.
3. Wear a mask
  - Masks are recommended by the CDC
  - You can bring your own or we will provide them as you enter the office if needed.

Before your appointment, we ask that you evaluate your own health as a precaution to protect us and other clients. The massage therapist has the right to end your session if you show any symptoms. For all future appointments, if you answer yes to any of the following questions please reschedule your appointment with as much notice as possible. The cancellation fee will be waived:

1. Have you had a fever of 100 or higher in the last 48 hours?
2. Do you have any COVID-19 (respiratory) or flu-like symptoms?
3. Have you been in contact with anyone who has or had COVID-19 in the last 14 days?

Until further notice, we will no longer be shaking hands with or hugging any clients. The massage therapist may choose not to massage areas of the body (for example face, head, or other). As an extra precaution, we are encouraging clients to shower both before and after their massage sessions. For questions or concerns you have please ask us before, during, or after your massage. The plan is to see how this all works and make any needed improvements as we learn what is the best methods to improve, so some items are subject to change.

## Consent for Treatment

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. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, 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.

Client Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Client or Parent/Guardian Signature (for minor): \_\_\_\_\_