

COVID-19 Agreement

_____ I affirm that I am working from home/isolating; and am practicing conscientious social distancing practices in public.

_____ I affirm that I will contact my therapist should I develop symptoms within two-weeks of treatment; as well as reschedule should I develop symptoms as my scheduled session approaches.

_____ I accept that I must shower, with soap, before each session; and if I want a scalp massage, I must shampoo my hair prior to the session.

_____ I accept that I am responsible for the purchase and maintenance of my own massage gear; as well as providing cleaning products to sanitize the table before and after.

_____ I affirm that if ANYONE in my household is ill, I will reschedule my session; and contact Margarita Hutchinson, LMT (provider), should anyone in my household develop symptoms within 2 weeks of receiving a session from provider.

_____ I understand that my wearing a mask is optional; based upon my comfort level. My provider will be wearing a mask for the duration of the visit/session, except if outdoors; and at a minimum 6-foot distance.

_____ I understand that if I am sneezing/coughing the day of the session, I must reschedule the session; and should my provider arrive to my home and I am displaying uncertain symptoms (even if it's "just allergies"), my provider may choose to terminate the session; and I agree to pay in full for the session. (There is no penalty/fee for same-day cancellation/rescheduling, so please do that; it's to better ensure the safety of the group.)

_____ I affirm that I will contact my massage provider if I am notified that I have been in contact with a confirmed COVID-19 risk vector within the 2 weeks prior to our scheduled session (so that provider may isolate as needed, and reduce potential spread to client base).

Thank you for your consideration and your referrals to other individuals who are able to abide by these.

I, Margarita Navarrete-Hutchinson, LMT, will do my best to ensure your health and safety, through maintaining conscientious practices and social distancing.

Client Signature

Date

Provider Signature

Date