



COVID-19 Pandemic Treatment Consent Form

I _____ knowingly and willingly consent to receive massage therapy treatment during the COVID-19 pandemic and agree to waive all liability from Morning Light Wellness and Stacy Morgen, LMT if I contract COVID-19 or any other virus or illness.

I understand the COVID-19 virus may have 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 current testing procedures. _____ (initial)

I understand that Washoe County has opened community wide testing and I can make an appointment to get a test at any time even if I am not exhibiting symptoms. _____ (initial)

I understand that through visits by other clients, the characteristics of the virus, and the very nature of massage therapy, I have an elevated risk of contracting the virus simply by leaving my home and being around others including Morning Light Wellness. _____ (initial)

I understand that in the case of contact tracing that my personal contact information may be shared to ensure that I am informed. _____ (initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below and haven't experienced any of these symptoms at any time in the last 14 days. _____ (initial)

_____ Fever- Temperature _____ degrees
_____ Shortness of breath or difficulty breathing
_____ New loss of taste or smell
_____ Dry cough
_____ Muscle pain or body aches (not due to injury or use)
_____ Chills
_____ Sore throat
_____ Rash

To help prevent the spread of contagious diseases and viruses including Covid-19, and to help protect each other I understand that I will have to follow the strict mask, cleaning, and social distance guidelines set by Morning Light Wellness. _____ (initial)

I verify that I have not traveled outside the United States in the last 14 days. _____ (initial)

I verify that I have not traveled domestically within the United States by commercial airline, bus, train, or public transit within the last 14 days. _____ (initial)

Name _____ Date _____

Signature _____ Initial MLW _____



Requirements and Protocols to Visit Morning Light Wellness
During the COVID-19 Pandemic

Phase 2 reopening is a time of delicate balance between returning to work and preventing the spread of COVID-19. To receive massage therapy at Morning Light Wellness I acknowledge and agree to the following protocols:

I, _____ have been provided and initialed, signed AND RETURNED the COVID-19 Pandemic Treatment Consent Form.

_____ All massage treatments are scheduled for one hour and conducted entirely face down or side-lying.

_____ Face masks are required for entry and will be worn at all times except when I am facedown on the table.

_____ Hand sanitizer/washing is required upon entry. There is a station set up next to the door or I can use the sink in the bathroom.

_____ The sitting area is closed. I will limit what I bring into the office to what I can carry in a small bag or pockets.

_____ I will wash my hands in the bathroom after my massage. Paper towels and soap dispensers are provided.

_____ All door handles, surfaces, bottles, and the floor are disinfected with EPA approved cleaners between every client. Hooks have been hung up for clothing.

_____ All payments are contactless credit card or check. Venmo is preferred but PayPal and payment via the MLW website are fine too.

_____ The diffuser will be on unless I specifically request it to be off. A HEPA air filter has been installed and will be on.

_____ I will cancel / reschedule my appointment without penalty if I am exhibiting or have experienced any COVID-19 or illness symptoms in the last 14 days. I will be honest and transparent about this and the status of my health.

_____ I understand my appointment may be cancelled and rescheduled at the last minute if Stacy or MLW has to close due to any symptoms of illness. I agree that this is to protect my health, Stacy's health, and the wellness of our community.

Name _____ Date _____

Signature _____ Initial MLW _____