

Client: _____

UPDATED CONSENT FORM

I understand that, because manual 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 and give consent to receive manual therapy and bodywork from Gigi Willett, LMT.

Signature

Date

UPDATED CANCELLATION POLICY

If for any reason you feel unwell, now or recently have had any respiratory or flu symptoms, dry cough, sore throat, shortness of breath, or temperature of 100F or above now or in the 24 hours prior to your appointment, have been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms, please contact me immediately to reschedule with no penalty.

Initials