Blissed Bodywork
Believe In Bliss

Bhrigha R. L. Getz
BA, LMT (FL MA 20757 since 1995/WA 25141)
Licensed Massage Therapist
Registered Yoga Instructor, Yoga Alliance

Repeat Visit COVID19 Waiver & Release

If we all work together, we can overcome the spread of the COVID19 virus, as well as other infectious diseases. Please initial and sign. Blissed Bodywork, LLC reserves the right to refuse service for non-compliance.

____ I have been vaccinated: Yes, Date: _____ No _____

____ I acknowledge that I do not have any symptoms of COVID19, including but not limited to:

- shortness of breath
- chest pain
- cough
- loss of sense of smell
- fever of 100 degrees or more
- or any other symptoms

____ I have not been around anyone who has COVID for 14 days.

____ If I do develop symptoms, I agree to cancel my appointment with a minimum of 24 hours notice and take appropriate measures to prevent spreading any germs.

____ I have not been diagnosed with COVID19. If I have, date of last negative test: _____

____ I am seeking massage therapy, yoga therapy, or other energetic healing services from Bhrigha Getz LMT, RYT/Blissed Bodywork, LLC as part of my health and wellness plan and believe it to be essential and medically necessary to my physical, mental, emotional, and/or spiritual health during the pandemic.

____ I agree to follow all of Blissed Bodywork, LLC's protocols by utilizing either cloth masks or surgical masks over nose & mouth to reduce the risk of exposure.

____ I also agree to either properly wash or sanitize my hands after using the restroom, sneezing, coughing, and to use hand sanitizer throughout my visit to the Blissed Bodywork office.

____ I understand that I must follow the Center of Disease Control (CDC) and local health department guidelines with regard to physical distancing practices in order to reduce the spread of Novel Coronavirus, or COVID-19.

- This requires maintaining six (6) feet of distance between myself and anyone else in the building.
- This does not apply to Bhrigha Getz LMT, RYT, who I agree to allow to do massage/yoga/bodywork/ energetic healing therapies for me in less than the 6 foot distance.

____ I understand that receiving these services is not without risk and agree that Bhrigha Getz LMT, RYT/ Blissed Bodywork, LLC is not responsible/liable for any potential exposure to Novel Coronavirus, or COVID-19.

By signing below, I attest that all information is true and accurate.

Client/Guardian Signature_____ **Date**:_____

Date: _____	**T:** _____	**O2:** _____	**HR:** _____	**Client Initial:** _____
Date: _____	**T:** _____	**O2:** _____	**HR:** _____	**Client Initial:** _____
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