

INDULGENCE STUDIO LTD

ATTENDANCE / PARTICIPATORY WAIVER

RE: Coronavirus

Date: _____, 2021

Please complete the form as best as possible and bring it with you for submission when arriving at Indulgence Studio.

This form can also be completed electronically and sent to Jennifer Thibault directly at: info@indulgencestudio.ca

Your Name (Please Print): _____

I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact: and, as a result, federal and state health agencies recommend social distancing.

I recognize Jennifer Thibault is closely monitoring the situation has put in place mandatory preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of procuring any services or treatments that are facilitated at or by Indulgence Studio Ltd.

I hereby acknowledge and accept that there's a risk that I could be exposed to COVID-19 while while procuring any services or treatments that are facilitated at or by Indulgence Studio Ltd.. I understand the possible exposure to COVID-19 before/during/after this event may result (but not be limited to) the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, requirement of medical test, hospitalization that may require medical therapy, intensive care treatment, the possible need for intubation/ventilator support, short and long-term intubation, other potential complications, and the risk of death.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time.

I understand all the potential risks, including but not limited to the potential of short and long-term complications related to COVID-19, and I would like to attend this treatment session / studio visit and/or event.

Please take a moment to answer all of the questions below to the best of your ability.

Have you had close contact with anyone with acute respiratory illness?	NO	YES
Have you travelled outside of Canada in the past 14 days?	NO	YES
Have you been diagnosed with COVID-19 bracket confirmed by a test bracket?	NO	YES
To your knowledge, have you had close contact with a confirmed case of COVID-19 without appropriate PPE?	NO	YES
Have you had any adverse reactions to the COVID-19 vaccine?	NO	YES

Do you have any of the following symptoms?

Fever	NO	YES	Decrease her loss of sense of taste or smell	NO	YES
Onset of cough	NO	YES	Headache	NO	YES
Worsening chronic cough	NO	YES	Unexplained fatigue/muscle aches	NO	YES
Shortness of breath	NO	YES	Nausea/vomiting, diarrhea, abdominal pain	NO	YES
Difficulty breathing	NO	YES	Pinkeye	NO	YES
Sore throat	NO	YES	Runny nose/nasal congestion without other known cause	NO	YES
Difficulty swallowing	NO	YES			

Answer the following only if you are 70 years of age or older. Are you experiencing any of these symptoms:

Delirium	NO	YES
Unexplained or increase number falls	NO	YES
Acute functional decline	NO	YES
Worsening of chronic conditions	NO	YES

Signature: _____ **Date:** _____