Neuromuscular Studio
Certified Neuromuscular and Medical Massage Therapy

Illness Information and Waiver

The Neuromuscular Studio, LLC complies with the Center for Disease Control and local health department guidelines regarding social distancing practices and sanitation in order to reduce the spread of Novel Coronavirus, or COVID-19. However, it is not possible to maintain physical distance during massage therapy treatments, and The Neuromuscular Studio, LLC cannot control the practices adopted in the common areas of the facility in which the studio is located. As a result, massage therapy treatments present a risk of COVID-19 infection.

- If you have symptoms of COVID, cold, flu, or infection, please reschedule your appointment.
- If you have received a COVID vaccine dose or booster, please wait 48 hours after a dose for your appointment. This is also true of any vaccine (flu, shingles, pneumonia, Tdap, etc.)
- Our mask policy remains optional, but encourage mask wearing if you are concerned about potential exposure. Sometimes this requires canceling appointments & rescheduling if a team member has been exposed to COVID or is ill.

Please read and complete the following release and waiver of claims.

I, _____, have read the above notice and understand that massage therapy treatments present a risk of infection. By signing this release and waiver, I assume the risk and I release and waive any and all claims against The Neuromuscular Studio, LLC, its officers, directors, and employees from any and all claims that may be made by me, my family, estate, heirs, or assigns for injury or death arising from infection of COVID-19 as a result of massage therapy treatments or entry of building at The Neuromuscular Studio, LLC. I understand and agree that The Neuromuscular Studio, LLC is not responsible for any harm or loss suffered as a result of COVID-19 infection from arising massage therapy treatments. I also agree to indemnify and hold harmless The Neuromuscular Studio, LLC for all claims resulting from COVID-19 infection arising from massage therapy treatments. I affirm that I am not currently infected with COVID-19, I am not presently experiencing symptoms of COVID-19, and I have not been exposed to COVID-19 in the last fourteen days.

_____

Print Name of Client (or Parent or Guardian of Client)

_____

Signature

_____

Date