**WAIVER FORM FOR PATIENT’S RECEIVING A MASSAGE OR OTHER SERVICES FROM SARAH WEST**

I, Sarah West, take everyone’s health and safety seriously. I have and will be taking all necessary precautions presented to me by my association MTAS and the Government of Saskatchewan and their Health Authority lead by the Chief Medical Officer. I will be wearing proper PPE as advised by the previously stated governing bodies. I will be sanitizing as required and properly hand washing to prevent any possible spread of COVID-19. I will be taking all necessary steps as outlined to me by the above governing bodies.

PATIENT OF SARAH WEST

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand, waive and release Sarah West and Rochdale Massage Therapy of any responsibility both legally and monetarily in any way, in the event that I contract COVID-19.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , will not come in for my scheduled appointment if I am exhibiting any symptoms of COVID-19 as listed on the screening form by the Massage Therapy Association of Saskatchewan that reflect the screening advised by the Government of Saskatchewan, which will be provided to me by Sarah West. I will bring a copy or send a scanned copy of the screening form prior to my arrival on the day of the treatment until screening is no longer required. I understand that if I am not truthful regarding my current state of health, it could result in harm to others and such actions will be reported to the Government of Saskatchewan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed name

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