

Informed Covid-19 Consent

I _____ understand that I am opting for a service that is not urgent and not medically necessary. I also understand that the Covid 19 disease has been declared a worldwide pandemic by the World Health Organization I further understand the Covid 19 is extremely contagious. State and Federal health agencies recommend social distancing.

I recognize that the staff at On the go Wellness spa, Yana Esthetics, and Ajaya and Shai Naturals and all of their affiliates are closely monitoring the situation and have put in place reasonable measures targeting to reduce the spread of the virus, however, given the nature, of he virus I understand that here is a inherited risk of becoming infected with Covid 19 if I proceed with this elective service.

Accordingly I acknowledge and assume the risk of becoming infected with Covid 19, and any variations or multitudes therefore, through the elective service and I give my express permission for the staff mentioned above to proceed with the same. This consent applies to any follow up or additional services in the upcoming months.

____ I understand that even if I have been tested for Covid 19 and receive a negative test result, the test may not have detected the virus or I may have contracted the virus after the test. I will not hold these businesses listed, or any of their affiliates offering the services responsible for any liability relative to Covid 19 and any variations or multitudes therefore.

____ I understand the exposure to Covid 19 before, during, or after my procedures may result in complications and/ or delay healing.

____ I understand all of the risks including those noted herein and I would like to proceed with the services. I have been offered a copy of this consent form.

____ I acknowledge that in the past 14 days I have not had any symptoms related to Covid 19 Including;

- Fever
- Sore Throat
- Dry Cough
- Headaches/ Body aches
- Difficulty in breathing
- Have not tested positive for Covid 19

____ I understand that I am required to wear a face mask at all times during service/treatment.

By signing below I understand the explanation and consent to any service/treatment received in our facility. This consent applies to all current and future appointments.

Client signature _____

Date _____