**Client Consent for in-person services**:

I understand that receiving massage therapy includes close proximity to the therapist and prolonged touch, and there may be an increased risk of disease transmission, including Sars-Cov-2 (the virus that causes Covid-19).

I understand for the safety of myself and my practitioner, I agree to wear a mask during the whole duration of my session (if for medical or other reasons, you are not able to wear a mask, please contact your therapist to discuss other options).

I agree to maintain a distance of 6 feet away from any persons for the duration of my visit, with the exception of receiving bodywork and massage.

I agree to inform my therapist of any changes in health, including symptoms of Covid-19, and to fill out the pre-screening symptom checklist 24 hours prior to my session.

I hereby give my consent that I am aware of the risks involved, and wish to receive massage and bodywork from my practitioner.

Clients name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_