



COVID-19 Waiver

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread.

Symptoms of COVID-19 may include:

- fever
- fatigue
- dry cough
- difficulty
- breathing
- sore throat
- loss of smell or taste

I, _____, accept the following affirmations
(print your name)

when engaging in a treatment from The Oasis Wellness Centre & Spa

- I understand the above symptoms and affirm that I do not currently have nor have experienced COVID-19 symptoms within the last 7 days.
- I understand that The Oasis Wellness Centre & Spa cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.
- I understand that, because Spa Services involve maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.
- I understand that I am expected to maintain physical distancing whenever possible

By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive the Spa Treatments from The Oasis Wellness Centre & Spa.

Name: _____

Signature: _____ Date: _____