

COVID-19 Updated Client Form Release
Aqua Serene Wellness
301 E Carmel Dr
C-100
Carmel, In 46032

PLEASE READ & SIGN THE FOLLOWING:

Aqua Serene Wellness Reserves the Right to refuse service to anyone.

- Have you had a fever in the last 24 hours of 100°F or above? Yes__ No__
- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes__ No__
- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes__ No__
- Is anyone in your home ill with flu or Covid Like symptoms? Yes__ No__
- If you have answered **Yes** to any of these questions **DO NOT** come in for your appointment. We will reschedule you. Please send us an e-mail to info@aquaserenewellness.com or call 317-564-0930 to cancel.
- I understand that because some of the services provided by Aqua Serene Wellness may involve physical touch and/or close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive treatments provided by Aqua Serene Wellness and will not hold Aqua Serene Wellness or any practitioner within liable for any transmission of any disease. I have also been made aware the physical space of Aqua Serene Wellness has been sanitized between each client as per industry standards with hospital grade virucide, germicide, and bactericidal solutions regulated by the EPA. Aqua Serene Wellness has provided Hand Sanitation Stations, Tissues and Requires hand washing of staff and clients for at least 20 seconds prior to entering treatment rooms. Facial coverings are recommended by the State of Indiana. We ask that all clients follow this recommendation unless a medical condition exempts the client from wearing one. Clients must provide their own facial coverings, due to lack of PPE availability we cannot provide them.
- I agree to follow social distancing guidelines and other health and safety recommendations while inside Aqua Serene Wellness.

By signing below you agree to the contents of this form and release Aqua Serene Wellness and staff of any liability concerning Covid-19.

Signature

Date

Printed Name _____

