**Christina Cherry Healing – Covid-19 preventative measures**

I understand you may have concerns about entering my home because of Covid-19. This is to assure you that I am taking all the recommended steps to protect your health and wellbeing, and my own. Please be aware of the following information. I have put in place preventative measures to reduce the risk of spread of the virus as recommended by the government, including:

* thorough cleaning and sanitizing of surfaces including doorbell, door handles, massage table, chair, toilet facilities etc
* extra ventilation via open windows
* washing massage table towels/sheet at 60 degrees after each client
* I will not be using blankets during the pandemic as they can’t be washed at high temperature. You are welcome to bring your own blanket.
* I will be using a folded towel, not a pillow for you head
* I will be wearing a face mask and visor
* I will notify you and cancel the session if I have any symptoms prior to your session
* I will take my temperature before your session and cancel the session if it’s raised
* I will schedule a minimum of one hour between clients to allow for thorough cleaning
* I will use your contact details provided for NHS track and trace should the need arise
* **Please bring your own face mask** **and wear it when you enter the house**
* You will be asked to use sanitizer provided on arrival

**Please let me know in advance:**

* **if you or anyone in your household is self-isolating**
* **if you or anyone in your household is considered to be in a vulnerable group and at increased risk of severe illness from Covid-19**
* **If you have travelled abroad in the 30 days prior to your appointment**

**Please confirm to me by email the day before your appointment that neither you, nor anyone in your household, nor anyone else you have been in contact with has experienced any recognised Coronavirus symptoms in the past 14 days, such as:**

* Recent onset of a new continuous cough
* Sore throat
* Raised temperature
* Shortness of breath or difficulty breathing
* Chills
* New loss of taste or smell

**You are encouraged to rearrange you session if you are in any doubt. There will be no cancellation fee.** When you come for your session, you will be asked to sign the following declaration.

**Client Declaration Covid-19**

* I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the Government and public health authorities still recommend practicing social distancing.
* I acknowledge that Christina Cherry Healing has put in place preventative measures to reduce the spread of the Covid-19, including thorough cleaning of surfaces and towels, use of PPE and extra ventilation.
* I further acknowledge that Christina Cherry Healing cannot guarantee that I will not become infected with the Covid-19.
* I voluntarily seek services provided by Christina Cherry Healing and acknowledge that I am increasing my risk to exposure to Covid-19.
* I acknowledge that I must comply with all set procedures to reduce the spread while attending my session.

I attest that:  
\* I am not experiencing any symptom of illness such as a new continuous cough, shortness of  breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.  
\* I have not travelled internationally within the last 30 days.  
\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of Covid-19.   
\* I have not been diagnosed with Covid-19 and not yet cleared as non-contagious by state or local public health authorities.  
\* I am following all Government recommended guidelines as much as possible and limiting my exposure to the Covid-19.

I am fully and personally responsible for my own safety and actions while receiving treatment and I recognize that I may be in any case at risk of contracting Covid-19.

I hereby release and agree to hold Christina Cherry Healing harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself from or relating to Covid-19.  I understand that this release discharges Christina Cherry Healing from any liability or claim that I, my heirs, or any personal representatives may have against Christina Cherry Healing with respect to any injury, illness, medical treatment or death from or relating to Covid-19, that may arise from any services received from Christina Cherry Healing or from her premises.

Name of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_