

## Consent to Treat/Liability Waiver

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Consent for Treatment

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be elevated risk of disease transmission, including COVID-19. I also understand that if I am a person over the age of 65, and/or have underlying conditions including but not limited to history of blood clots, respiratory or cardiac disease, obesity, or diabetes my risk of developing serious complications from the disease is increased. I have been honest and answered all health questions to the best of my ability. By signing this form, I acknowledge that I am aware of the risks involved in receiving massage therapy at this time. I voluntarily agree to assume those risks, and release and hold harmless Kimberly Perrotta, LMT, Woodside Therapeutic Massage, LLC, and Wellness Pods, LLC from any claims related thereto. I give my consent to receive treatment from this practitioner.

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