



COVID-19 Informed Consent

Please complete all **highlighted** areas. I will be happy to answer any questions you may have.

1. I, _____, understand that I am opting for a service that is not urgent and not medically necessary. _____ (initial)
2. I also understand that the coronavirus disease (COVID-19) has been declared a worldwide pandemic by the World Health Organization. I further understand COVID-19 is extremely contagious. Federal, state, and county health agencies recommend social distancing. _____ (initial)
3. I recognize that the staff at Kim Pon, Certified Massage Therapist, Elements Salon, and Danny Chan Chiropractic are closely monitoring this situation and have put in place reasonable preventive measures targeted to reduce the spread of this virus. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 if I proceed with this elective service. _____ (initial)
4. Accordingly, I acknowledge and assume the risk of becoming infected with COVID-19, and any variation or mutation thereof, through this elective service and I gave my express permission for the staff at Kim Pon, Certified Massage Therapist, Elements Salon, and Danny Chan Chiropractic to proceed with the same. This consent applies to any follow-up or additional services in the future. _____ (initial)
5. I understand that I will notify Kim Pon, Certified Massage Therapist if I have been tested for coronavirus within 14 days of testing date regardless of test result. _____ (initial)
6. I understand that even if I have been tested for COVID-19 and received a negative test result, the tests may not have detected the virus or I may have contracted COVID-19 after the test. I will not hold Kim Pon, Kim Pon, Certified Massage Therapist, Elements Salon, and Danny Chan Chiropractic offering the service responsible for any liability related to COVID-19 and any variation or mutation thereof. _____ (initial)
7. I understand that exposure to COVID-19 before, during, and/or after my session(s) may result in complications and/or delayed healing. _____ (initial)



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8. I understand that my name and contact information might be shared with the federal, state, county, and/or city health departments in the event that a client and/or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department(s). (initial)
9. I understand that should I develop symptoms of COVID-19 within fourteen (14) days of my last session, I will notify Kim Pon, Certified Massage Therapist. (initial)
10. I understand that I have the option to defer my session to a later date. However, I understand all the risks including those noted herein and I would like to proceed with this service. I have been offered a copy of this consent form. (initial)
11. Having been fully advised of the risks, I understand the explanation and consent to this therapy. Accordingly, I do forever release Kim Pon, Kim Pon, Certified Massage Therapist, Elements Salon, and Danny Chan Chiropractic, the practitioners and their insurers, as well as their respective officers, directors, stockholders, successors, employees, and agents from all liability of any nature whatsoever, whether past, present, or future, for injury, sickness, and/or damage which may occur to myself or my family as a result of my receiving massage therapy. I give my consent to receive treatment from Kim Pon of Kim Pon, Certified Massage Therapist. (initial)
12. I further agree to hold harmless and defend the practitioner of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly from my participation in this therapy. (initial)

Signed:

Date:

Printed Name: