

Five Rhythms Consulting COVID Client Waiver Form

By signing this waiver, you attest that you are clear of the following symptoms and situations within the last 14 days leading up to your appointment:

- Fever of 99 degrees or above, or possible fever symptoms like alternating chills and sweating
- Cough
- Trouble breathing, shortness of breath or severe wheezing
- Chills or repeated shaking with chills
- Muscle aches not related to your typical muscular pain symptoms or above and beyond your normal aches and pains
- Sore throat
- Diarrhea
- New rashes
- Loss of smell or taste, or a change in taste
- Have had contact with an individual who has shown signs of the above symptom within the past 14 days
- Have been around anyone with confirmed COVID within the past 14 days

At any time during our contact with you, if we feel you are not complying with the rules stated above, show signs of illness or are in any way combative we reserve the right to refuse service and will ask you to leave immediately.

By signing this waiver, you understand that by entering a business open to the public, you are susceptible to the risk of exposure to any illness including but not limited to, the Coronavirus also known as COVID-19, and will not hold Five Rhythms Consulting, Inc. or Rachel Rice liable for any symptoms of illness following your contact with us and will contact us if you do develop symptoms within 14 days after your visit.

If we all work together, we can overcome the spread of this virus as well as other infectious diseases. We are happy to welcome our clients back!

By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in your removal from the premises.

Please choose one (required)

- I am filling this out for myself.
- I am filling this out as a Parent or Legal Guardian.

Please review and complete both of these:

- I have read and understood the entire Five Rhythms Consulting COVID-19 Client Waiver Form and agree to its terms and conditions.
- I am filling this out within 24 hours of my appointment.

Name

Date

Signature

If on behalf of a minor, the minor's name: _____