



Release of Liability Waiver

Please initial each item below to signify your understanding and acceptance.

____ As a client of wellBeing Acupuncture I have signed the consent form and have already accepted my responsibility for my own health and expressed my desire to seek alternative care at wellBeing Acupuncture.

____ I Believe that entering the wellBeing Acupuncture facility and using services and products offered both now, and in the future, does not present a clear and present danger. I may choose to enter the facility, follow any therapy recommendations, use any available products, and/or accept services from the wellBeing Acupuncture care provider. Likewise, I may choose NOT to enter the facility, follow the recommendations, or use any therapies, products and services provided. That choice is mine to make and I release wellBeing Acupuncture and its affiliates for any/all results of my choice.

____ I realize that no environment can be 100% microbe free, but that social distancing and extra sanitization efforts and other precautions are in place to protect my safety as much as possible.

____ I acknowledge that I am not experiencing any symptoms of the Coronavirus including, but not limited to: cough, fever, shortness of breath, chills, muscle pain, headache, sore throat, new loss of taste or smell. Should I develop these symptoms and be diagnosed with COVID-19, I will notify wellBeing Acupuncture immediately and will refrain from returning to wellBeing Acupuncture until my symptoms have passed and my health has been verified by my physician.

____ I acknowledge that I am not living with nor have knowingly been exposed to someone diagnosed with COVID-19 at the time of their infection. Should this change, I will refrain from returning to wellBeing Acupuncture until my health has been verified by my physician.

Print Name

Date

Signature

Witness