



COVID-19 Clinical Protocols and Waiver

This form must be completed prior to any service at Sagelight Integrative Wellness Center. Please complete the form below and sign, acknowledging your understanding of our business policies and protocols to ensure your safety.

Please sign and submit prior to your visit to Sagelight Integrative Wellness Center.

Name *

Address *

Phone *

E-mail *

Preferred Method of Contact *

Phone

Text

E-mail

Acknowledgement of Business Policies

Cancellation Policy

We ask for a minimum of 24 hours advance notice to cancel your appointment at Sagelight Integrative Wellness Center, to allow us to offer your time slot to another patient. We reserve the right to charge the cancellation fee of \$25.00 for any missed appointment or appointment not cancelled within the 24-hour guidelines. Exceptions for waiving the cancellation fee would include unforeseeable emergencies, experiencing sudden onset of symptoms leading you to believe you may have COVID-19, and learning that you have been exposed to someone who tested positive for COVID-19 within the last 24 hours prior to your appointment.

I acknowledge the cancellation policy. *

Yes No

Acknowledgement of Clinic Personal Protective Equipment (PPE) Protocol

Please review and acknowledge our PPE Protocol for Patients

1. I agree prior to any scheduled appointment with Sagelight Integrative Wellness Center, that I nor any member of my household has experienced symptoms associated with COVID-19. This includes: fever, coughing, shortness of breath, body aches, nausea or diarrhea, headache or sore throat. If I or any member of my household has exhibited any of these symptoms, I will promptly cancel my appointment and follow federal, state, and local guidelines for quarantine and proper testing protocols prior to coming to another appointment with Sagelight Integrative Wellness Center.

2. If I have knowingly been exposed to someone who has tested positive for COVID-19, I will follow federal, state and local guidelines. I will cancel my appointment with Sagelight Integrative Wellness Center until confirmed negative COVID-19 test and proper quarantine has been done.

3. Wear a mask when you enter the building. All staff and practitioners will be wearing masks.

4. Please arrive no earlier than 5 minutes prior to your appointment and wait in the lobby for our front desk staff to greet you, ask screening questions, and take your temperature. If your temperature is 100 degrees or higher you will not be admitted.

5. All payments, scheduling of appointments, and general questions will be handled prior to your session. Staff will remain on the other side of the plexiglass located at the front desk during this transaction. Staff will escort each scheduled patient promptly to a treatment room at the time of their appointment.

6. Limit touching of surfaces as you navigate the building.

7. Only the practitioner treating you will be within 6 feet of you when hands-on therapy is required.

8. After your session has ended, please exit and refrain (within reason) from touching anything other than the doors. Those that need to utilize railings and other disability equipment are permitted to do so.

9. In between each patient, our staff will wipe down and sanitize all surfaces in the clinic with proper medical-grade chemical agents as well as UV light. All used linens and treatment sheets are changed and replaced with clean and sanitized replacements. Each treatment room and open areas have medical-grade air purifiers, which stay on throughout each session.

10. Furthermore, we wipe down the no-touch thermometer, front door, and all around the door handles (inside and out) in between each patient.

ALWAYS PRACTICE SOCIAL DISTANCING

I acknowledge the clinic protocol. *

Yes No

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I understand and acknowledge of the risks the following statement *

Yes No

I acknowledge that Sagelight Integrative Wellness Center has put in place preventative measures to reduce the spread of COVID-19; however, Sagelight Integrative Wellness Center cannot guarantee that I (or my child or ward), or members of my household will not become infected with COVID-19.

I understand and acknowledge of the risks the following statement *

Yes No

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by patronizing Sagelight Integrative Wellness Center, and that such exposure or infection may result in personal injury, illness, permanent disability, or death.

I understand and acknowledge of the risks the following statement *

Yes No

I understand that the risk of becoming exposed to or infected by COVID-19 at Sagelight Integrative Wellness Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Sagelight Integrative Wellness Center employees, managers, members, contractors, agents, employees and clients (collectively the "Released Parties").

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (or my child or ward) including but not limited to: personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I (or my child or ward), may experience or incur in connection with patronizing Sagelight Integrative Wellness Center.

I agree, to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless the Released Parties from and all claims and causes of action which I (or my child or ward) might otherwise have or be entitled to assert as a result of or related to any physical injury or illness, including exposure to or becoming ill from the COVID-19 virus, including without limitation death, disability or property damage or loss sustained in connection with services received before, during, or after patronizing Sagelight Integrative Wellness Center.

I understand and acknowledge of the risks the following statement *

Yes No

I understand that submitting my full name in the field below constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Signature

Date