

I consent to receive massage, bodywork or esthetic services at Michelle's Massage Therapy and Holistic Spa and will not hold Michelle's Massage Therapy, Inc. or any of it's staff or independent contractors liable if I am diagnosed with COVID-19, the flu, or a cold within 14 days of my service. I am currently not exhibiting symptoms of COVID-19, or have cold or flu-like symptoms within the last 14 days. I understand it is my choice to receive services and the staff's choice to provide these services in a clean and sanitary environment.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: X \_\_\_\_\_