

Urban Sanctuary Spa CLIENT SCREENING AND WAIVER OF LIABILITY AGREEMENT

At the safety of our clients and employees is our first priority. To prevent the spread of the coronavirus 2019 (COVID-19) and reduce the potential risk of exposure to our clients and employees, all clients visiting our facility are required to review and execute this Client Screening and Waiver of Liability Agreement. Thank you very much for your cooperation and assistance is helping us keep our clients and employees safe. On my visit today, I acknowledge and agree that following is **true** for me while receiving services provided by Urban Sanctuary LLC.

1. In the past 14 days, I have not traveled outside my hometown to any foreign country or area within the U.S. with a CDC Level 3 travel notice or similar State notice.
2. In the past 14 days, I have not been in close contact with someone (family, friend, or coworker) who returned home from a foreign country or area within the U.S. with a CDC Level3 travel notice of similar State notice.
3. I have not been in close contact (within 6 feet) of a person with possible Coronavirus (COVID-19) infection. I do not live with anyone who is sick or quarantined.
4. I have not been tested for or infected with Coronavirus (COVID-19).
5. I do not have, and have not had, any of the following symptoms: respiratory illness, fever, cough, headache, sore throat, runny nose, breathing difficulties, loss of sense of smell, unusual fatigue, body aches, or loss of taste. And I have not been around anyone exhibiting those symptoms in the last 14 days.

I understand that if any of the above statements are not true, I will not be permitted to receive services at Urban Sanctuary Spa facility at this time. In addition, in connection with my visit today, I **ALSO ACKNOWLEDGE THE FOLLOWING:**

The Company and its staff cannot completely control the spread of COVID-19 regardless of the safety measures they employ. Receiving massage, skin care, and/or related close contact services in the Urban Sanctuary Spa facility may involve the risk of disease: illness, viral infection (including COVID-19), or other adverse health condition.

Through my signature below, I acknowledge I have read and understand this document and agree to release Urban Sanctuary LLC from liability, and agree not to sue, the company, its owners its affiliates and its employees, with respect to any claims I may have relating to any disease, illness, viral infection (including Covid19) or any other adverse health condition attributable in any manner to my entry into, or receipt of services at Urban Sanctuary in Athens, Georgia. ,

GUEST SIGNATURE:

GUEST PRINTED NAME:

DATE:
