



Sacred Journeys Alternative Wellness Covid-19 Release Form

Our client's, as well as your family's health and safety remain our first priority here at Sacred Journeys Alternative Wellness Center. Due to the outbreak of Covid-19, We at Sacred Journeys Alternative Wellness Center are taking all extra precautions, including monitoring the intake of our clients. We have ramped up our sanitation and disinfection procedures as recommended by **the Centers for Disease Control (CDC) and Prevention and in accordance with the State of New Mexico**. We are continuing to monitor the situation closely and will make appropriate changes to our policies as deemed necessary.

At this time, we are limiting access to our facility to only our clients that have scheduled appointments, unless the client is a minor (the guardian may accompany the minor). In accordance with New Mexico guidelines we will not accept walk-ins; you must have a scheduled appointment. We also **request** that you wear a mask to your appointment during this period. If you do not have a mask, we will provide one for you at an additional charge of \$3 per mask.

We are taking all necessary steps to avoid contamination and spread of the virus; however, one of the greatest risks is contacted through airborne particles. This is why we are asking that you please wear a mask at this time in accordance with the State of New Mexico recommendations.

If you believe there may be a possibility that you may have been near to, exposed to, or worked near anyone that may have been exposed to or had the virus in the last 30 days; you will need to reschedule your appointment after the two week recommended quarantine period has passed.

We ask that you please call us as soon as you arrive for your appointment. If you are early, we will let you know when you are able to enter the business to ensure there is no unnecessary exposure in the reception area and to prevent any potential risk.

We greatly appreciate your support during this difficult time and your participation is important to us all. Our priority is to protect our clients and their families as well as our staff and families.

We are grateful for your business and excited to be of service to you!

Self-Declaration By Client/Guardian And/Or Visitor

Have you (client, guardian, or visitor) or any of your household members:

Been in close contact or cared for someone with a confirmed case of Coronavirus within the last 30 days? Yes No

Traveled by airplane in or out of the US in the last 30 days? Yes No

Been in close contact with anyone who has traveled in or outside of the US in the last 30 days? Yes No

Been on a cruise within the last 30 days? Yes No

Currently experiencing, or have experienced any of the listed symptoms within the last 30 days including cough, shortness of breath, fever, sore throat, respiratory illness, or fatigue? Yes No

Currently or have experienced any of the listed symptoms within the last 30 days including chills, shaking, muscle pain, headache, loss of taste or smell? Yes No

Current Temperature: _____

If the answer is "Yes" to any of the questions and/or your temperature is above 100 degrees, access to Sacred Journeys will be denied.

I further agree to the follow terms and conditions:

1. This business, the owner, the subcontracting therapists and/or my therapist cannot be held liable for any exposure to the virus or any other contagion.
2. My therapist is following all precautions and disinfection practices does not guarantee that I cannot contract the virus due to the fact it is an airborne virus.
3. Sacred Journeys Alternative Wellness, LLC has the right to refuse service to any client at any time, for any reason, if the business feels there is any level of risk involved.

My signature below, affirms and certifies that all the information and answers to all questions herein are complete, true, and accurate to the best of my knowledge and belief. In addition, I hereby release Sacred Journeys Alternative Wellness from any and all liability for the unintentional exposure or harm due to Covid-19.

Name (print): _____

Date: _____

Phone Number: _____

Signature: _____

Guardian's Signature: _____