

COVID-19 Pandemic liability waiver/disclaimer 2020 for attending face to face craniosacral therapy workshops. Maria Esposito BSc (Hons) www.nutritionhealth.net – Tel. 07956662954

Once you agree and sign this form, this form is kept safe and secured till the law requires. This form is valid for each workshop that you attend since the pandemic of COVID-19. Any notes for the workshop will be emailed prior to the workshop or after the workshop.

Your Name Last name..... Date

- I knowingly and willingly consent to attend the face to face craniosacral therapy workshops, knowing that by treating face to face might increase the risk of catching the COVID-19 virus, and for any other viruses/bacteria. I read Maria Esposito guidelines and take my responsibility for my face to face treatment and attendance of the workshop. By ticking this box, I understand and accept this statement for myself and my household:
- To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow Maria Esposito guidelines that are written on her website and/or emailed, or attached to a what's up text, to me prior to the workshop. By checking this box, I understand and accept this statement:
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I know that travelling in most affected Country might put myself and others at risk. If I have travelled to these of high-risk places, I will let Maria Esposito know. I confirm that I have not travelled in the past 14 days to Countries still highly affected by the COVID-19. By ticking this box, I understand and accept this statement:
- I confirm that if I travelled via bus or train, I have followed the Government guidelines, and that I carry a hand sanitizer with me to wash my hands, before entering the workshop premises.
- I understand that due to the frequency of visits of the other people in the home and/or centers where the workshops are run, the characteristics of the virus, and the characteristics of craniosacral treatments, that there is an elevated risk of contracting the virus by merely being in the premises, By ticking this box, I understand and accept this statement:

- I understand that my number and name might be given to the NHS in case one of the therapists in the workshop might have had a client or themselves might have contracted COVID-19 unbeknown by them. This is through test and trace from the NHS. By ticking this box, I understand and accept this statement:

- I understand the COVID-19 virus has a long incubation period, during which carriers of the virus may not show symptoms, and still be highly contagious. It is impossible to determine who has it, and who does not, given the current limits in virus testing. By ticking this box, I understand and accept this statement.
- I am willing and responsible for taking my temperature check, before I come to the workshop with Maria Esposito, for myself my household. I agree not to attend the workshop, if I and any of my household, have the following symptoms of COVID-19: Fever, Shortness of breath, loss of sense of taste or smell, dry cough, runny nose, sore throat. By ticking this box, I understand and accepted this statement:
- I agree to bring my own clean unused socks for myself and to walk into Maria Esposito premises to be worn only for the workshop, which will be removed and changed at the end of the workshop. I agree to bring my own water and pen and paper for the workshop to use. I agree to wash my hands when entering the premises without touching anything or use my own hand sanitizer. By ticking this box, I understand and accept this statement:

I understand, read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure. I understand that this document is to provide the best possible experience when attending the workshops.

Name & Surname Signature

Date.....