



Therapeutic Reflexology Institute

www.reflexinstitute.ca

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COVID-19 Waiver

Due to the COVID-19 pandemic, we are taking extra precautions to ensure your safety during an in-person workshop. Please answer these questions truthfully so we may continue to do our best to stop the spread.

I, _____ accept the following affirmations when attending a
Therapeutic Reflexology Institute in-person workshop.

- I understand the symptoms listed below and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days

Primary symptoms of COVID-19 may include:

- new cough or a chronic cough that is worsening
- fever
- new or worsening shortness of breath or difficulty breathing
- sore throat

Other symptoms of COVID-19 may include:

- stuffy nose
- headache
- chills
- muscle or joint pain
- gastrointestinal symptoms
- loss of sense of smell or taste
- conjunctivitis (pink eye)

- I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that, to my knowledge, in the last 14 days I have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that if I travelled outside of Canada in the last month, I isolated in my home for 14 days upon my return.
- I understand that, because a therapy based workshop may involve close physical contact (less than 2m), there may be an elevated risk of disease transmission, including COVID-19, and endeavour to take the necessary hygiene precautions.
- I understand that this business, Therapeutic Reflexology Institute, cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form or voluntarily attending the in-person workshop.

If a potential COVID-19 exposure occurs at this business, I consent to provide my name and contact information to Alberta Health Services for the purpose of contact tracing.

By signing this form, I acknowledge that I am aware of the risks involved in attending an in-person workshop.

Signature: _____

Date: _____

