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# Soul Harmony Craniosacral Therapy

Bessy A. Mecham

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## Coronavirus Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, I am taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

**Symptoms of COVID-19 include:** fever, chills, fatigue, cough, difficulty breathing or shortness of breath, unusual muscle pain, sore throat, and new loss of taste or smell.

**People with the following conditions are at high-risk for severe illness from COVID-19:** being 65 years and older, chronic lung disease or moderate to severe asthma, serious heart condition, immunocompromised ( including undergoing cancer treatments, smoking, transplant recipient, immune deficiencies, autoimmune disorders, prolonged use of corticosteroids or other immune weakening medications), obesity, diabetes, chronic kidney, and liver disease.

I, \_\_\_\_\_, have read and understand the above **COVID-19** symptoms and conditions creating a high-risk for severe illness from **COVID-19**. I further affirm the following statements ( check all that apply) :

\_\_\_\_. I affirm that I, as well all members of my household, do not currently have, nor have experienced any of the symptoms listed above within **14 days**.

\_\_\_\_. I affirm that I, as well all members of my household, have not traveled outside of our local area within the last **14 days**.

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\_\_\_\_. I affirm that I, as well all members of my household, have not been diagnosed with **COVID-19** within the last **30 days**.

\_\_\_\_. I affirm that I understand the conditions creating a high-risk for severe illness from **COVID-19**, and that if I have one or more of these stated conditions I am placing myself at higher risk by receiving treatment services from : **Soul Harmony Craniosacral Therapy and Bessy A. Mecham**

\_\_\_\_. I understand that **Soul Harmony Craniosacral Therapy and Bessy A. Mecham** cannot be held liable for any exposure to **COVID-19** or any other contagion while receiving treatment services.

By signing below I agree to each statement above and release **Soul Harmony Craniosacral Therapy and Bessy A. Mecham** from any and all liability for any unintentional exposure or harm due to **COVID-19** or any other contagion.

**Bessy A. Mecham** agrees that she abides by these same statements and affirms the same. She also affirms that she has improved her sanitation protocols to fight the spread of **COVID-19** and other communicable conditions.

**While exposure to COVID-19 or any other contagions is unlikely, do you accept the risk and consent to treatment today ?** \_\_\_ Yes \_\_\_NO

Signature\_\_\_\_\_Date\_\_\_\_\_