

Informed Consent for In-Person Platonic Touch Services

I, _____, consent to participate in in-person platonic touch sessions with Cheri Anderson at her place of business.

1. I understand the following with respect to in-person sessions during the COVID-19 pandemic:

- a. I understand that COVID-19 is extremely contagious and is spread primarily by person-to-person contact.
- b. I understand that Cheri Anderson has been fully vaccinated against COVID-19 and has adopted reasonable preventative measures intended to reduce the spread of COVID-19, but there is still a possibility of transmission as a result of attending in-person sessions.
- c. I understand that Cheri Anderson and I will be wearing KN95 masks and may engage in closeness and touching, although close face-to-face contact will be avoided. I further understand that I am always at choice and will only engage in the degree of closeness and touch with which I feel comfortable.
- d. I understand that in lieu of windows, the office space has a high-powered fan, as well as an AirDoctor 3000, physician-grade air purifier.
- e. I understand that Cheri Anderson may be required to report COVID-19 related client information to public health authorities. In which case, only the minimum necessary information will be provided. By signing this form, I am agreeing that Cheri Anderson may do so without an additional signed release.

2. I agree to the following with respect to in-person sessions during the COVID-19 pandemic:

- a. I certify that I have been fully vaccinated against COVID-19.
- b. I have provided a copy of my vaccine certification, via email.
- c. I will wear a mask while in the building and office space and will comply with other safety precautions to limit the spread of COVID-19, as requested.
- d. I will notify Cheri Anderson as soon as possible before my appointment if I have symptoms of COVID-19 or if I have been in contact with anyone who has been diagnosed with COVID-19. If this happens, I will cancel my appointment or request a virtual session.

I knowingly and willingly consent to have in-person sessions during the COVID-19 pandemic, and I acknowledge the health risk of COVID-19 during this pandemic. I have read the information provided above and discussed it with Cheri Anderson, and all of my questions have been answered to my satisfaction.

Signature of client

Date

Cheri Anderson

Date

Appendix: Definition of Terms

Please initial each section to indicate that you have read and understand:

Safety precautions to limit the spread of COVID-19: _____

Cheri Anderson's responsibility:

- Take client's temperature, upon arrival
- Provide hand sanitizer, with 60% or higher alcohol content
- Provide a KN95 mask, if a client does not have one
- Run fans, as needed to circulate the air
- Employ a physician-grade air purifier to filter and purify the air
- Maintain restroom soap dispensers and cleanliness
- Disinfect office supplies and surfaces after each client
- Schedule client appointments at intervals
- Remove trash daily

My responsibility:

- Stay home, if I feel sick
- Wear a mask at ALL times, while inside the building and during the session
- Maintain a 6-foot distance between myself and others, while in the downstairs lobby
- Use hand sanitizer provided upon arrival and following the session
- Avoid touching my face during the session

Symptoms of COVID-19: _____

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea