

COVID-19 Disclaimer

non-refundable.

Client Signature_____

Following the COVID-19 pandemic, we've put extra measures in place for the safety of you and our staff members. We require all CRE participants to fill in our COVID-19 form before arrival so that we can provide the best possible and safe experience to our clients and staff members.

Please carefully read and answer the below questions. The information will be stored by CRE, confidentially and securely for 21 days.

FIRST NAME	LAST NAME		
PHONE NO.	EMAIL		
ADDRESS			
	POSTCODE		
Are you experiencing a cough?		YES	NO
Are you experiencing shortness of breath?		YES	NO
Have you noticed a loss or change in your sense of taste or smell?		YES	NO
Have you, or any member in your household, have had a fever (above 37.7C degrees) in the last 14 days?		YES	NO
I have understood, read and cor	npleted this form truthfully to	my knowledge.	
 I knowingly and willingly consen 	nt to having services at CRE dur	ring the COVID-	19 Pandemic.
 I consent for the services to be being in physical contact with m 			of the CRE team
 I confirm to my knowledge that with anyone that has had sympt 	•		been in contact
 To prevent the spread of the vir CRE guidelines. 	rus and protect each other, I c	onfirm that I w	ill strictly follow
 If guidelines are not strictly fo 	ollowed, I understand that CF	RE has the righ	t to cancel the

appointment with the full cost of the service being charged and any other paid costs being

I confirm that I release the CRE staff member performing the service and CRE as a business

DATE

from any and all liability for the unintentional exposure or harm due to COVID-19.