

Spa Moelleux COVID-19 Waiver

l	_ (Client Name) have agr	reed to receive a spa service from Spa
Moelleux on service may be performed,	• • •	nt date), I understand that before any
 To cancel/reschedule reported or if I have been exposed days, or if I have any research 14 days. To check my temperated cancellation/reschedu	my appointment within 24 ho ed to anyone that has tested eason to believe that I have of ure prior to arriving to the spo- ling of my appointment if my a mask while in the spa. I charges that are charged kely cancel/reschedule my ap not pursue any claim agains	ours if I am not feeling well for any reason, a positive to the coronavirus in the past 14 or have had the coronavirus within the last a (and possibly upon arrival) and allow the y temperature is over 99.0 degrees. By Spa Moelleux for failing to sign this appointment or for any no calls/no shows. St Spa Moelleux should I experience any us after receiving service from the spa.
Client Signature Client Email		(date and time)