

I, _____ knowingly and willing consent to have The Inner Wisdom, provide in person services during the Covid-19 pandemic. I acknowledge that remote services are available but have choose in person services.

I understand the Covid-19 virus has a possible long incubation period, which during that time carriers may not show symptoms but still be highly contagious. It is impossible to determine who has it and who doesn't with limited testing available.

I confirm that I am not presenting any of the following symptoms of Covid-19 listed below.

- Fever
- Shortness of Breath
- Loss of sense/taste or smell
- Dry Cough
- Runny Nose
- Sore Throat
- Any other symptoms of illness

I understand that air travel both domestically/internationally increases my risk of contracting the Covid-19 virus. Thus, requiring a self-quarantine procedure of 14 days following. I acknowledge I have not traveled by air in the last 14 days. ____ (initial)

I understand there are risks involved in coming to the offices of Suite 218, Park One Building to receive in-person services. I do not hold The Inner Wisdom or any other business in Suite 218 responsible if I contract the Covid-19 virus. I understand that the offices of Suite 218 at Park One are following strict sanitation and social distancing guidelines set forth to ensure my safety.

Name _____ Date _____

*Each person that comes into The Inner Wisdom is required to sign this form before services will be rendered.

**The Inner Wisdom always requires a mask to be worn on premises. You are required to stay 6 feet from any staff member.

The Inner Wisdom
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