

Safety Protocols for Reiki Sessions

For Karen Harrison and Meredith Trewolla, Reiki Masters

We are committed to providing the safest environment for clients and ourselves. Therefore, we have come up with the following safety protocols.

- For each session, you will need to fill out a COVID-19 Pre-Session Symptom and Exposure Screening Questionnaire.
- Please come alone to your session.
- The waiting room will be closed. Your therapist will text or call you when it is time for you to come in for your appointment. You may wait in your car or in the hallway. Please wash your hands upon arriving.
- We will practice social distancing.
- We will practice hand-shake free, hug free, greetings, such as air hugs.
- Please bring a towel to sit on to your appointment. Otherwise, the therapist will provide a chair that can be wiped down between clients or will cover a fabric chair with a large towel or piece of plastic and wipe down the plastic between clients.
- There will be no magazines or water available.
- If possible, please pay your session fee through a check, PayPal or Venmo so that we have a payment method that maximizes safety.
- The therapist will allow additional time between sessions to sanitize the table, headrest, pillow, and bolster and any surfaces that were touched.
- Please sneeze or cough into a tissue or your elbow.
- We will provide hand sanitizers.
- If any linens are used we will change them between clients and wash linens on the hottest setting.
- We will diffuse Young Living Thieves essential oil and others to cut down on airborne contaminants. If available, we will run an air purifier.
- The therapist will set up her chair and the massage table at a 6 ft distance from each other and provide the session hands off. Distance Reiki works the same as hands on Reiki.
- You may wear a mask and you may ask your therapist to wear a mask.
- If the therapist and client agree to hands on Reiki, the therapist and client will both wear masks and limit talking when within 6 feet of each other.

Our Reiki liability insurance does not cover any COVID-19 claims. Therefore, we have the following release of liability.

THIS WAIVER AND RELEASE (this "Release") is provided to Karen K Harrison LLC, Meredith Trewolla, office partners, Larry Ro-Trock and Dawna Daigneault, 8301 LLC (the building owner) (individually each known as the "Company") prior to participation of the undersigned in the following service: Reiki, Aromatherapy, sound healing (the "Service").

I, _____ (**initial**) (together with my heirs or assigns, the "Participant"), understand and acknowledge that as a condition precedent to participating in the Service for today and all future dates, I agree to the following:

1. The Participant agrees to release and hold harmless from any and all liability from claims of any nature whatsoever arising from undersigned's participation in the Service.
2. Participant is aware of and understands the inherent risk and dangers associated with Covid 19, the Service, and agrees to assume all risk of and responsibility for personal injury or death, or damage to property arising from, based upon, or relating to my participation in the Service. I hereby agree, to the maximum extent permitted by law, to assume those risks and to release and to hold harmless the Company who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for any and all claims, suits, damages, or losses, of any nature whatsoever, including, but not limited to, claims of personal injury, whether known or unknown, foreseen or unforeseen, arising from, or in any way related to, my participation in the Service. I have carefully read and freely signed this Release, and understand the terms used in it. I also understand that by signing this document, I may be giving up legal rights which I, or others claiming through me may have now or in the future. I agree that this Release is to be binding on my heirs and assigns. I understand that the Company is relying on my execution and delivery of this Release and allowing me to participate in the Service.

**THIS IS A RELEASE OF YOUR RIGHTS.
PLEASE READ CAREFULLY BEFORE SIGNING**

Signed: _____ Date: _____

Name (please print) _____