



COVID-19 Policy and Waiver

Thinkshift trading as HypnosisSoul has put in place preventative measures to reduce the spread of COVID-19; however, Thinkshift trading as HypnosisSoul cannot guarantee that you will not become infected with COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Thinkshift trading as HypnosisSoul and that such exposure or infection may result in personal injury, illness, permanent disability and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at Thinkshift trading as HypnosisSoul may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Thinkshift trading as HypnosisSoul employees, participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at Thinkshift trading as HypnosisSoul.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Thinkshift trading as HypnosisSoul owners, employees, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Thinkshift trading as HypnosisSoul, its owners, employees and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Thinkshift trading as HypnosisSoul sessions.

If I have any flu like symptoms, feel unwell, have a fever, cough, sore throat, running nose or shortness of breath, I will not attend sessions at Thinkshift trading as HypnosisSoul

By signing this waiver I agree, and acknowledge, that I have not been overseas recently nor have I been in contact with anyone who has a confirmed case of Covid-19. I agree to follow all social distancing and safety hygiene protocols implemented at the therapy venue.

Your signature (or your parent / guardian's signature if you are under 18 years of age) indicates that you have read and understood this form and that you have had sufficient opportunity to ask any questions and any concerns that you may have had, have been adequately addressed:

Print Your Name:

Your Signature:

My Parents / Guardian's Name:
(if you are under 18 years of age)

Parents / Guardians Signature:
(if you are under 18 years of age)

Birth Date: / /

Suburb:

Post Code:

Date: