



Woodstock Inn & Resort Spa Compliance & Waiver Form

Personal Information

First & Last Name _____

Street Address _____ City _____ State _____

Birthday _____

Phone (____) - ____ - _____ E-mail _____

Would you like to receive e-mail promotions? Yes No

How did you hear about us? Hotel Local B&B Friend Other _____

COVID-19

I certify that:

- a. I am a critical worker as defined by the State of Vermont; OR
- b. I have not left the state of Vermont for any reason except essential travel in the past 14 days; OR
- c. I have traveled to Vermont from another state, and I traveled directly from my home in my personal vehicle, and I have completed a 14-day self-quarantine (or a 7-day self-quarantine followed by the time required to obtain a negative test result) in that state; OR
- d. I have traveled to Vermont from another state, and I will complete a 14-day self-quarantine (or a 7-day self-quarantine followed by the time required to obtain a negative test result) in Vermont at a lodging establishment or residence, and I acknowledge that I must stay in my quarantine location for the duration of the quarantine, including the time required to obtain a negative test result.

I certify that, to my knowledge, I have not had close contact with a person confirmed to have COVID-19 within the last 14 days.

I also certify that I have reviewed the State of Vermont out-of-state traveler guidelines & travel map and comply with current health and safety requirements for traveling to, from, and within the state of Vermont. I further certify that I understand all travelers should stay home if ill (with any symptoms); maintain physical distance of at least 6' from anyone outside their household; wear a face covering when in public spaces; and wash or sanitize hands often.

Out-of-state traveler guidelines: (<https://accd.vermont.gov/content/stay-home-stay-safe-sector-specific-guidance#lodging-accommodations>) **Vermont travel map:** (<https://accd.vermont.gov/covid-19/restart/cross-state-travel>)

Treatment Details

Please indicate any areas you would like the therapist to focus on during your massage.

Anything else you would like your therapist to know regarding any recent injuries?

Please list any allergies or skin sensitivities. _____

If you are pregnant, # of weeks? _____

Please list any medications. _____

If receiving a facial, please list date and use of Botox or peel. _____

In the event you experience any pain or discomfort during your treatment, please let your provider know immediately. Any illicit or sexually suggestive remarks or advances may be considered sexual harassment and will result in the immediate termination of the session.

Because massage, bodywork, or facials should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions below. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Please list relevant medical conditions. _____

Waiver & Release For Spa

Please take a moment to carefully read the following information and sign where indicated.

In consideration of my participation in Spa Services (massage, manicure, pedicure, depilation, facials, etc.) at The Spa (the "Facility") I hereby release, discharge and covenant not to sue The Spa at the Woodstock Inn & Resort including their respective directors, officers, employees, agents representatives, insurers, clients, successors, assigns, and any property owners, ("Released Parties") and further release from liability the released Parties from any and all claims, losses damages, or liability, INCLUDING LOSSES DUE TO THE NEGLIGENCE OF RELEASED PARTIES WHEN PERFORMING ANY SPA SERVICES, ("Losses") resulting on personal injury, accidents or illnesses (including death), and property loss, including theft, arising from participation in the Spa Services or using the Facility. Released Parties are not liable for any theft, or loss of personal property, including jewelry or other personal items. In no event shall the Released Parties be liable for property exceeding \$1,000 and will only be liable for that amount if the item was registered with the Facility and the loss was caused solely by the fault of the Related Parties.

I understand that the staff does not diagnose illness or prescribe medical treatments or pharmaceuticals and that services rendered by the staff are not medical in nature and are not a substitute for diagnosis and treatment by a licensed medical professional. I have consulted a physician regarding participation in the Spa Services and I shall update my service provider with any changes in my health, and my services provider shall not be liable should I fail to do so.

I hereby understand that my participation in the Spa Services shall carry certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. I HEREBY STATE THAT MY PARTICIPATION IN THE SPA SERVICES IS VOLUNTARY, AND I ASSUME ALL RISK. Risk include, but are not limited to:

MINOR RISKS: minor injuries such as bruises, improper product application, scratches, skin irritation, allergic reactions, and minor bleeding. MAJOR RISKS: such as eye injury, loss of sight, infection, permanent scarring, dermatological skin reactions, heart attacks, allergic reactions, concussions, personal injury and catastrophic injuries such as paralysis or death. By entering your name on the next page and submitting this form you certify to have read and understand this questionnaire.

I have hereby read and understand this waiver, and I release the Released Parties from any and all Liability INCLUDING FOR NEGLIGENCE, past, present and future relating to Spa Services at the Facility. I am giving up substantial rights, including rights to sue, and I acknowledge that I am signing this waiver voluntarily.

Client Name _____

Parent/Guardian Name (If applicable) _____

Date _____