



## Consent and Acknowledgment of Service During COVID-19 Risk

Lotus Acupuncture, Thoa Ho LLC dba Lotus Acupuncture ("Lotus", "Company"), a Florida Limited Liability Corporation having its office and principle place of business at 200 N Denning Drive #7, Winter Park, FL 32789 and 875 Clark St. Suite B Oviedo, FL 32765.

Due to the COVID-19 virus and pandemic, there are guidelines to keep a distance of 6 feet to avoid exposure. A service at this Company must be done within a 6-foot distance. By entering this Company and/or engaging in a personal service at this Company on the date listed below, I, an adult individual, understand that I and any accompanying minors are at risk for exposure to COVID-19 and hereby, on behalf of myself and on behalf of any accompanying minors, to the fullest extent of the law, knowingly and fully assume the risk of exposure of COVID-19 and waive any liability and any relief to me and/or my accompanying minors in law or equity against Lotus Acupuncture, Thoa HO LLC (expressly including the owner-operator(s) of this Company); the landlord of this Company premises; and their principals, agents, employees, and representatives, (collectively, "the Released Parties") for such risk of or exposure (potential or actual) to COVID-19 connected to my and any accompanying minors' entry into this Company or engagement in personal services at this Company.

I further shall defend, release, and hold the Released Parties harmless for any claims, actions, expenses, injuries, illness, complication(s) and/or aggravation(s) of pre-existing condition(s), compromise(s) of health and/or wellbeing, and/or damages arising from or related to any exposure (potential or actual) to COVID-19 to myself and any accompanying minors, whether or not any service(s) by myself or any accompanying minors was received, at this Company.

I additionally consent to having my and any accompanying minors' temperatures taken at this Company at the discretion of this Company and acknowledge that access to this Company and its personal services may be denied or that I and any accompanying minors may be forced to vacate this Company if I or any accompanying minors evidence symptoms of exposure to COVID-19 as identified by the Center for Disease Control and Prevention.

**We are committed to the health and safety of our employees and patients. To ensure we practice the upmost clean practices, there will be additional protocols.**

With the recent outbreak of the COVID-19:		
Have you traveled to a high-risk country or any other coronavirus affected area in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had close contact with a person who tested positive for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you fever, any respiratory symptoms or symptoms of the flu within the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current temperature:	°F	

**If answered yes to any of the above questions or refuse to sign this consent and acknowledgement from, we respectfully ask that you reschedule your appointment time for a later date. We feel it is important to protect the safety of our patients and employees and appreciate your cooperation in doing so.**

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Printed Name

Accompanying Minors (if applicable)

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Signature

Date