

All persons entering Pushing Boundaries must show proof of vaccination or a Negative PCR Test Result that is less than 72 hours old.

Contact Information

Name: _____

Email: _____

Phone Number: _____

Mailing Address: _____

Agreements

- I agree to answer any and all questions regarding my COVID-19 exposure each time I visit Pushing Boundaries.
- I agree to have my temperature taken, in a sterile manner, with an external thermometer, each time I visit Pushing Boundaries.
- I agree to provide and wear a mask during my time at Pushing Boundaries, until such time as the CDC and the PB Board of Directors determines it is no longer necessary.
- I agree to wash/sanitize my hands upon entry of Pushing Boundaries, and at any time deemed appropriate by the Pushing Boundaries staff.
- I agree to comply with any changes to Personal Protective Equipment requirements that are deemed necessary, as appropriate to CDC compliance.
- I agree to comply with any changes to Personal Protective Equipment requirements that are deemed necessary, as appropriate to CDC compliance.
- I agree to notify Pushing Boundaries IMMEDIATELY if I have been notified of COVID-19 exposure.
- I agree to notify Pushing Boundaries IMMEDIATELY if I or one of my cohabitants have tested positive for COVID-19.
- I give Pushing Boundaries permission to contact me if they determine that I may have been exposed to COVID-19 while at the Pushing Boundaries Facility. I understand that my contact information will not be used for any other purpose.
- I understand that Pushing Boundaries will notify other facility visitors should I report a COVID-19 diagnosis or appropriate level of exposure. I understand that my name and details will NOT be shared.

Proof Of Vaccination

(please check appropriate box)

Vaccine Proof Emailed ☐

Vaccine Proof provided in person ☐

I will be providing a Negative PCR Test result, no more than 72 hours old, prior to each scheduled appointment ☐

I understand that any information to Pushing Boundaries regarding my current health status may indicate that I cannot be on-site for a period of time. I agree to abide by any determinations made by Pushing Boundaries. Clients understand that they will not be charged for any session where Pushing Boundaries determines that the session cannot occur as scheduled.

Signature

Date