

Service Provider Information

Name: Angel D’Aoust (Wings of Illumination)

2451 St Joseph Blvd, unit 216-218, Ottawa, K1C 4E9

I hereby acknowledge that I have agreed to meet with Angel D’Aoust and receive Reiki or Crystal Energy sessions.

I am aware of the following:

- There is a risk that I could be exposed to severe acute respiratory syndrome coronavirus, the virus responsible for COVID-19 (hereinafter referred to as “COVID 19”) while attending at the Facility to receive the Services.
- I accept and acknowledge that I could be exposed to COVID 19 through the following means (this list is not exhaustive): a. My physical presence at the Facility; b. My interactions with other patients or members of the public who are present at the Facility at the time of my attendance; c. My interactions with staff, agents and other health care professionals at the Facility; and d. The physical touching of any equipment or fixtures in the Facility.
- While receiving services, the Service Provider may need to be physically closer to me than the recommended social distancing guidelines in order to assess and/or treat me.
- I acknowledge that I have read and fully understand the risks as described above.
- I acknowledge and confirm that I am willing to accept these risks as a condition of attending at the Facility to receive the Services from Angel D’Aoust.
- I confirm that any questions that I had regarding the provision of the Services during the COVID 19 pandemic have been answered by the Service Provider.

Name of Client: _____

Signature: _____

Witness: _____

Date: _____