



Precautionary Coronavirus Liability Release Waiver

Due to the 2019-2020 outbreak of the Coronavirus, Covid-19, we are taking extra precaution with the intake of each client, health history review, as well as sanitation and disinfecting practice. Please complete the following and sign below.

Symptoms of COVID-19 include:

- ❖ Fever
- ❖ Fatigue
- ❖ Dry Cough
- ❖ Difficulty Breathing

I, _____ agree to the following:

- I understand the above symptoms and affirm that, I as well as all household members, to the best of my knowledge, do not currently have nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 positive within the last 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our town that is considered a COVID-19 "Hot Spot" for infections within the last 30 days.
- I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each above statement and release the massage therapist and business establishment from any and all liability for the unintentional exposure or harm due to COVID-19.

Your massage therapist and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly disinfect and sanitize to further fight the spread of COVID-19 and other communicable conditions commonly found.

Signature _____ Date _____