

# COVID-19 Liability Release Form

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

Symptoms of COVID-19 include:

Fever

Fatigue

Dry Cough

Difficulty breathing

Sudden loss of taste or smell

I, \_\_\_\_\_ agree to the following,

\_\_\_ I understand the above symptoms and affirm that I, as well as all household members, 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 with 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 with 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 own that is, or has been considered a “hot spot” for COVID-19 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 Sundance Massage from any and all liability for the unintentional exposure or harm due to COVID-19.

Your massage therapist and all other tenants 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 fight the spread of COVID-19 and other communicable conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_