

Precautionary Coronavirus Liability Release Form

Please complete the following and sign below.

I, _____ agree to the following:

- Have you or anyone living in your household had any Covid symptoms within the past 14 days?
- Have you been exposed or possibly exposed to Covid within the past 14 days?
- Have you or anyone living in your household traveled outside the country or visited a Covid U.S.A. "hot spot" within the last 14 days?
- I understand that this business and my service provider cannot be held liable for any exposure to Covid 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 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 fight the spread of COVID-19 and other communicable conditions.

Signature _____ Date _____