Coronavirus 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 check or initial at each box and sign below.

Per the CDC, symptoms of COVID-19 include:

- Cough
- Shortness of breath or difficulty breathing
- Fever over 100 degrees
- Chills
- Muscle pain
- Sore throat

•	New loss of taste or smell	
l,	agree to the	following:
٠	I understand the above symptoms and affirm that I, as well as all house do not currently have, nor have experienced the symptoms listed above 14 days.	
	I affirm that I, as well as all household members, have not been diagnot COVID-19 within the last 30 days.	sed with
	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.	
٥	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.	
٠	I understand that Relax Mobile Massage (dba. Cleveland Mobile Massage massage therapist cannot be held liable for any exposure to the virus contagion caused by misinformation on this form or the health history polient.	or any other
Relax	ning below I agree to each above statement and release the massage the Mobile Massage (dba. Cleveland Mobile Massage) from any and all liab ntional exposure or harm due to COVID-19.	=
same	massage therapist and all employees of this company agree that they ab standards and affirm the same. We also affirm that we have improved a tion protocols to more thoroughly fight the spread of COVID-19 and othe ions.	nd expanded our
	Client Signature	Date
Lice	ensed Massage Therapist	Date