



Precautionary Coronavirus Client Screening & 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. Your therapist will use a protective barrier when touching door knobs and other common surfaces, thoroughly disinfect all of our equipment before and after each treatment, apply additional hand disinfectant before beginning your massage, and will wear an N-95 mask during all interactions with you.

Symptoms of COVID-19 include:

- Fever
- Shivering chills
- Dry cough
- Sore throat
- Shortness of Breath or difficulty breathing
- New loss of taste or smell
- Headache
- Fatigue
- Unexplainable muscle aches
- Diarrhea &/or vomiting

Please complete the following with your name or initials and sign below.

I, _____ agree to the following:

_____ I agree to wear a protective mask during the entire massage and throughout all my interactions with my massage therapist.

_____ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced these symptoms listed above within the last 14 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 to or from any city, outside of this one, that has been considered a "hot spot" for COVID-19 within the last 30 days.

_____ I am aware that, while my therapist affirms the above statements to be true for himself or herself, there is no way to know whether anyone who is asymptomatic is unknowingly carrying and capable of transmitting COVID-19, and I fully understand that by requesting a massage, I am knowingly taking a risk, despite precautionary measures, that I could be infected.

_____ I, therefore, promise not to hold this business or my massage therapist liable for any unintentional exposure to, or harm caused by, the novel coronavirus or other contagion.

By signing below, I affirm that I have read this entire form and agree to each of the above statements.

Your massage therapist agrees that they abide by these same standards and affirm the same statements. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly prevent the spread of COVID-19 and other communicable conditions, as much as possible.

Therapist Signature _____

Date _____

Client Signature _____

Date _____