

COVID-19 CLIENT RELEASE FORM

Energetic Allergy Release, LLC

Please **READ, CHECK WHERE INDICATED** and **SIGN** with **TODAY'S DATE**

Due to the 2019-2020 outbreak of the Coronavirus (COVID-19), *Energetic Allergy Release, LLC* (EAR) is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

SYMPTOMS of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

CHECK IF YOU AGREE:

- ___ 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 within the past 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 past 30 days.
- ___ I affirm that I, as well as all household members, have not traveled outside of the country or any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.
- ___ I understand that AAR cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.
- ___ I agree to all of the County of Kauai's COVID-19 Guidelines.

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

Please Print Name: _____ Today's Date _____

Your Signature _____