

COVID-19 Liability Waiver Form

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions Body Essence Massage Therapy adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I have not experienced symptoms that of fever, fatigue, difficulty in breathing, dry cough or exhibiting any other symptoms relating to COVID-19.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I did not, nor any member of my household, visit any area within the U.S that was reported to be highly affected by COVID-19, in the last 30 days.
- If I traveled out of the province within the last 2 weeks, I will state where I went and if it was by air.
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions. I recognize that I may be in any case at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises that may lead to unintentional exposure of harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old or older and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Full Name

Date

Signature