## **Precautionary Coronavirus Liability Release Form**

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices. Please complete the following and sign below.

Symptoms of	COVID-19	include:
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- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Chills

- Nausea or vomiting
- Diarrhea

- Confusion
- New widespread muscle pain
- Headaches
- Red or purple toes
- Loss of taste & smell
- Bruising, redness, swelling, or cramping in lower legs and feet

l,	agree to the following:	
	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 last 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 last 30 days.	
	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.	
	I understand that this business and my massage therapist cannot be held liable for any	
	exposure to the virus or any other contagion caused by misinformation on this form or	
	the health history provided by each client.	
	ng below I agree to each above statement and release the massage therapist and	
busine	s from any and all liability for the unintentional exposure or harm due to COVID-19.	
Your m	assage therapist and all employees of this facility agree that they abide by these same	
	ds and affirm the same. We also affirm that we have improved and expanded our	
sanitiza	tion protocols to more thoroughly fight the spread of COVID-19 and other	
comm	nicable conditions.	
Client S	lient Signature Date	
Therap	st Signature Date	