



Precautionary Coronavirus Liability Release Form

Due to the 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 complete the following and sign below.

Symptoms of COVID-19 include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I, _____ 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 its therapists, 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.

- Individuals over the age of 65 or with other health conditions are ENCOURAGED not to visit Personal Service establishments; WE WILL NOT TURN YOU AWAY.

- By signing below, I agree to the above and release the Spa Staff and Business from any and all liability for the unintentional exposure or harm due to COVID-19 and other communicable conditions.

Signature _____ Date _____