

Precautionary Coronavirus Liability Release Form

Due to the 2019-2020 outbreak of COVID-19, Elevation Bodywork is taking extra precautions with the intake of each client, health history review, appointment timing, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Chills
- Nausea or vomiting
- Diarrhea
- Confusion
- New widespread muscle pain
- Headaches
- Loss of taste & smell
- Bruising, redness, swelling, or cramping in lower legs and feet
- Red or purple toes

Y / N Have you or anyone in your household experienced the above symptoms within the last 14 days?

Y / N Have you or household members been diagnosed with COVID19 within the last 30 days?

Y / N Have you or any household members knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days?

Y / N 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.

Y / N I agree **to inform my therapist in the future** if the answers to any of these questions change: if I experience any of the above symptoms, if I am diagnosed with COVID-19 or I come into contact with anyone diagnosed with COVID-19.

Your massage therapist agrees that they abide by these same standards and affirms the same. Your therapist also affirms the improved and expanded sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

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

Signature _____ Date _____