# Precautionary Coronavirus Liability Release Form

Due to the outbreak of the novel Coronavirus, COVID-19, we have expanded our sanitation protocols. We are also taking extra precautions with our intake processes. Please review and sign this policy to help fight the spread of COVID-19.

Symptoms of COVID-19 include:

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

By signing below, I indicate that 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 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.

I agree that I will wear a mask during all appointments, unless otherwise instructed by my provider. I agree to sanitize my hands prior to entering the premises of the business and before my appointment.

By signing below, I agree to each above statement and release the provider(s) and business from all liability for the unintentional exposure or harm due to COVID-19.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_