

Precautionary Coronavirus Liability Release Form

Due to the 2019-2020 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 disinfectant practices. Please complete the following and sign below:

Symptoms of Covid-19 include:

- **Fever**
- **Fatigue**
- **Dry cough**
- **Difficulty breathing**

I, _____ agree to the following (check all boxes);

- I understand the above symptoms and affirm that I, as well as all other 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 other household members, have not been diagnosed with Covid-19 within the last 30 days.
- I affirm that I, as well as all other 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 other household members, have not traveled outside the United States, or to any city outside of our local region that is or has been considered a “hotspot” for Covid-19 infections within the last 30 days.
- I understand that the Art of Massage 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 individual client.

By signing below, I agree to each and every statement above and release the Art of Massage, as well as the massage therapist from any and all liability for the unintentional exposure or harm due to Covid-19.

Your message therapist and all employees of this facility agree that they abide by these same standards and have affirmed the same. The Art of Massage also affirms that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of Covid-19 and other communicable conditions.

Signature: _____ Date: _____