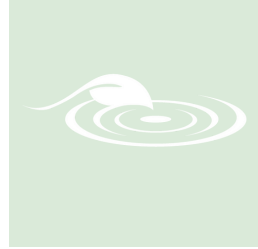


# Covid-19 Liability Release Form



Due to COVID-19, we are taking extra precautions with each client and have improved our sanitation and disinfecting practices. Please complete the following and sign below.

I confirm that I, nor anyone in my household have any of the following symptoms of COVID-19 listed below, nor have had any of the following symptoms in the past 14 days:

- |   |   |
|---|---|
| <input type="checkbox"/> Fever                | <input type="checkbox"/> Body aches                 |
| <input type="checkbox"/> Chills               | <input type="checkbox"/> Headache                   |
| <input type="checkbox"/> Cough                | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Shortness of breath  | <input type="checkbox"/> Sore throat                |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Congestion or runny nose   |
| <input type="checkbox"/> Fatigue              | <input type="checkbox"/> Nausea or vomiting         |
| <input type="checkbox"/> Muscle aches         | <input type="checkbox"/> Diarrhea                   |

To the best of my knowledge, neither I nor anyone in my household has been in contact with anyone who has tested positive for COVID-19. \_\_\_\_\_ (initial)

I verify that neither I nor anyone in my household has traveled outside of \_\_\_\_\_ in the past 14 days. \_\_\_\_\_ (initial)

I understand that the CDC recommends social distancing of at least 6 feet, and this is not possible with the service I am receiving today. \_\_\_\_\_ (initial)

By signing below I knowingly and willingly consent to release any and all liability for the unintentional exposure or harm due to COVID-19.

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Name Printed

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Signature

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Date