

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.

Name Printed

Signature

Date