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 disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:
- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Headaches

I, _____ agree to the following:

I understand the above symptoms and affirm that I do not currently have, nor have experienced the symptoms listed above within the last
14 days.

I affirm that I have not been diagnosed with COVID-19 within the last 30 days.

I affirm that I have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

I affirm that I 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, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.

I understand that Therapeutic Body Works and my massage therapist, Renee Rivera, 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 nor by any possible exposure within the common areas of the office building at 1170 Lexan Avenue, Norfolk, VA, 23508.

By signing below I agree to each above statement and release the massage therapist and Therapeutic Body Works from any and all liability for the unintentional exposure or harm due to COVID-19. Your massage therapist agrees that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____ Date _____

Health Information–COVID-19 Information & Liability Waiver

Client Name: _____

Date: _____

COVID-19 Information

1. Have you had a fever in the last 24 hours of 100°F or above? Yes □ No □

2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes □ No □

3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes □ No □

Consent for Treatment

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

Client Signature: _____ Date: _____