

## Massage Therapy Coronavirus/COVID-19 \*Liability Waiver Form

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. It is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local government, along with federal and state health agencies recommend social distancing.

I/We are taking precautions with our client intake history as well as implementing disinfecting and sanitation practices in this massage facility to prevent the spread of Coronavirus/Covid-19. In doing so, we seek equal protection for you, the client, and myself/ourselves which will take more time in between services to employ. Please fill out, and sign at the bottom of this form.

I, understand and agree to the following by placing an X on the circle next to each statement:

- ☐ No Walk-in Appointments
- ☐ Wear a face mask.
- ☐ To wait outside or in cars until ready if applicable for a smaller facility.
- ☐ To keep a 6-ft distance in the waiting room for a larger facility.
- ☐ The vulnerable population should consider staying home.

I, \_\_\_\_\_ voluntarily affirm that I, nor any of my household members, have had any of the following symptoms within the last 14 days .

• **Cough** • **Sore Throat** • **Runny Nose** • **Fever** • **Currently on Antihistamines to cover these symptoms.**

- ☐ I attest that I, nor any of my household members have knowingly been exposed or in contact with anyone diagnosed with Coronavirus/ COVID-19 within the last 30 days.
- ☐ I attest that I, nor any of my household members have had a positive diagnosis of Coronavirus/ COVID-19 diagnosis within the last 30 days.
- ☐ I affirm, that I, nor any of my household members, have visited a nursing home, traveled outside the continental USA or to any city that is or has been considered a "Hot Spot" for Coronavirus/ COVID-19 within the last 30 days.

I acknowledge that this business and my massage therapist \_\_\_\_\_ cannot be held liable for any exposure to the Coronavirus/ COVID-19 or any other contagion caused by misinformation on this form or the health history provided by each client. By signing below, I voluntarily agree to this statement and release my massage therapist and business from any liability for the unintentional exposure or harm due to the Coronavirus/ COVID-19. And know that I/we, also abide, and agree to these same standards.

Sign \_\_\_\_\_ Date \_\_\_\_\_