

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:

- Fever
- Cough
- Difficulty breathing
- Muscle aches
- Headache
- Sore throat
- Nausea or vomiting
- Chills
- Shortness of breath
- Fatigue
- Body aches
- New loss of taste or smell
- Congestion or runny nose
- 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 the United States 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
