

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, chills, fatigue, cough, difficulty breathing or shortness of breath, unusual muscle pain, sore throat, and new loss of taste or smell.

People with the following conditions are at high-risk for severe illness from COVID-19: being 65 years and older, chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (including undergoing cancer treatment, smoking, transplant recipient, immune deficiencies, autoimmune disorders, prolonged use of corticosteroids or other immune weakening medications), obesity, diabetes, chronic kidney disease, and liver disease.

I, _____, have read and understand the above COVID-19 symptoms and conditions creating a high-risk for severe illness from COVID-19. I further affirm the following statements (check all that apply):

- I affirm that I, as well as all members of my household, do not currently have, nor have experienced any of the symptoms listed above within the last 14 days.
- I affirm that I, as well as all members of my household, have not traveled outside of our local area within the last 14 days.
- I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all members of my household, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I understand the conditions creating a high-risk for severe illness from COVID-19, and that if I have one or more of those stated conditions I am placing myself at higher risk by receiving treatment services from Santosha Space Massage and its' therapists.
- I understand that Santosha Space Massage and its' therapists cannot be held liable for any exposure to COVID-19 or any other contagion while receiving treatment services.

By signing below, I agree to each statement above and release Santosha Space Massage and its therapists from any and all liability for any unintentional exposure or harm due to COVID-19 or any other contagion.

Santosha Space Massage and its therapists agree that they abide by these same standards and affirm the same.

While exposure to COVID-19 or any other contagion is unlikely, do you accept the risk and consent to treatment today? Yes No

Signature _____ Date _____