

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
- Chills
- Cough
- Shortness of breath
- Difficulty breathing
- Fatigue
- Muscle aches
- Body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- 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 from any and all liability for the unintentional exposure or harm due to COVID-19.

Name Printed

Signature

Date
