**COVID-19 LIABILITY RELEASE WAIVER**

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Serenity Therapeutic Massage office is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the CDC.

**Symptoms of COVID-19 include:**

* **FEVER**
* **FATIGUE**
* **DRY COUGH**
* **DIFFICULTY BREATHING**
* **LOSS OF TASTE AND SMELL**

I agree to the following:

\_\_ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed WITHIN THE LAST 14 DAYS.

\_\_ I affirm that, I as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

\_\_ I affirm that I, as well as all household members, have not traveled outside of the USA, or to any city considered to be a “hot spot” for COVID-19 infections WITHIN THE PAST 30 DAYS.

\_\_ I UNDERSTAND THAT SERENITY THERAPEUTIC MASSAGE THERAPISTS; VICKI ROSE, CHARLENE HRACS, AMANDA ROSE, ANNA MCKEE, CHRISTIE EDWARDS OR ERIC GROSE *cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.*

The following enhanced procedures are being done to prevent the spread of COVID-19.

* Each client is required to sanitize or wash hands upon arrival and before leaving.
* Guest accompanying any client scheduled for a massage session is discouraged.
* Clients are not permitted to wear personal gloves into the office.
* All surfaces will be wiped thoroughly before and after each client.

By signing below, I agree to each statement above and release SERENITY THERAPEUTIC MASSAGE THERAPISTS; VICKI ROSE, CHARLENE HRACS, AMANDA ROSE, ANNA MCKEE, CHRISTIE EDWARDS OR ERIC GROSE from any and all liability for the unintentional exposure or harm due to COVID-19.

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agrees to the statements above.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_