**Precautionary Coronavirus Liability Release Form**

Due to the outbreak of COVID-19, I am taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practices. Please complete the following and sign below.

Symptoms of COVID-19 include:

Fever Confusion

Fatigue New widespread muscle pain

Dry cough Headaches

Difficulty breathing Red or purple toes

Chills Loss of taste and smell

Nausea or vomiting Bruising, redness, swelling, or

 cramping in lower legs/feet

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 above within the last 14 days.

I affirm that I, as well as all household members have not been diagnosed with COVID-19 within the last 30 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

I understand that Good Karma Massage Studio and Marlis Burk, LMT, cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below, I agree to each above statement and release Marlis Burk and Good Karma Massage Studio from any and all liability for the unintentional exposure or harm due to COVID-19.

Marlis Burk has agreed to abide by these same standards and affirm the same. Good Karma Massage Studio has improved and expanded their sanitization protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

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

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