

# Precautionary Coronavirus Liability Release Form

## Sarah's Health and Beauty

Due to the outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitization and disinfecting practises. Please complete the following and sign below :

### Symptoms of COVID-19 include :

- Fever
- Fatigue
- Dry Cough
- Loss of Taste or Smell
- Difficulty Breathing
- Chills
- Nausea or Vomiting
- Diarrhea
- Confusion
- New widespread muscle pain
- Headaches
- Red or purple toes
- Bruising, redness, swelling or cramping in the lower legs and 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 experiences 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 household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.
- I affirm that I, as well as all household members, have not travelled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.
- I understand that Sarah's Health and Beauty 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 Sarah's Health and Beauty from any and all liability for the unintentional exposure or harm due to COVID-19.

Sarah's Health and Beauty agree to abide by these same standards. I also affirm that I have improved and expanded our sanitization procedures to more thoroughly fight the spread of COVID-19 and other communicable conditions.

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

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