



# CLIENT PRECAUTIONARY 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 review and sign below.

Symptoms of COVID-19 include:

- Fever and chills
- Fatigue
- Dry cough
- Loss of taste and smell
- Muscle pain/body aches
- Difficulty breathing
- Diarrhea
- Headache
- Sore throat

-I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced symptoms listed above within the last 10 days.

-I affirm that I, as well as all household members, have not been diagnosed with COVID-19 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 last 14 days.

-I affirm that I, as well as all household members, have not traveled outside of the country, or to any state outside of our own that is considered a "hot spot" for COVID-19 infections within the last 10 days.

-I understand that this business and my technician cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history by each client.

By signing below, I agree to each above statement and release the technician and business from any and all liability for the unintentional exposure or harm due to COVID-19.

*Your technician and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.*

Appointment Time: \_\_\_\_\_ Service: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Guardians Signature (For clients 18 & under): \_\_\_\_\_