

**SharonPlache.com and Karise Body Therapy**

**Precautionary Coronavirus Liability Release Form**

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, I am taking extra precautions with the intake of each client and student via health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

Have you been tested for COVID-19? Yes/No. If yes, what type of test did you have? \_\_\_\_\_

When was your test? \_\_\_\_\_. What were the results? \_\_\_\_\_

Symptoms of COVID-19 include:

- |                      |   |
|----------------------|---|
| Fever                | Loss of taste & smell                                     |
| Fatigue              | New widespread muscle pain                                |
| Dry cough            | Sudden muscle soreness                                    |
| Difficulty breathing | Red or purple toes.                                       |
| Chills               | Bruising or redness in lower legs and feet.               |
| Nausea or vomiting   | Swelling or cramping in lower legs and feet.              |
| Diarrhea             | Do you have any new discomfort with exertion or exercise? |
| Confusion            |   |
| Headaches            |   |

I, \_\_\_\_\_ agree to the following and having my temperature and blood oxygen level taken at each session.

\_\_\_\_ 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 affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our town that is or has been considered a “hot spot” for COVID-19 infections within the last 30 days.

\_\_\_\_ I understand that this business, my massage therapist, practitioner, instructor and coach, 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 Sharon Plaché, Karise Body Therapy, my massage therapist, practitioner, instructor, coach and all aspects of this business from any and all liability for the unintentional exposure or harm due to COVID-19.

Sharon Plaché, Karise Body Therapy, my massage therapist, practitioner, instructor, coach and all aspects of this business and facility agree that they abide by these same standards and affirm the same.

I also affirm that I have improved and expanded the sanitation protocols to meet EPA, CDC and OSHA guidelines to more thoroughly prevent the spread of COVID-19 and other communicable conditions.

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