

# LIGHTWORKER HEALING ARTS

## Balanced Harmony through Massage



### COVID-19 Liability Release Form

Due to the global pandemic known as COVID-19, for the safety of my clients as well as myself, Lynn Harms of LightWorker Healing Arts LLC, I am implementing additional measures as recommended by the Centers for Disease Control as well as the Colorado Department of Health and Environment.

Associated symptoms of COVID-19:

Fever

Fatigue

Coughing

Difficulty breathing

(Runny nose is not a typical symptom of COVID-19, but I would ask that clients stay home if this is present.)

- All clients should take their temperature prior to arriving for treatments.
- All clients should wash their hands thoroughly prior to any treatments.

Waiver and Release for clients:

- I understand the above symptoms and affirm that I as well as all those living with me do not currently have, nor experienced the above symptoms within the last 14 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to COVID-19 within the last 14 days.
- I affirm that I, nor any of my household members, have been diagnosed with COVID-19 within the last 30 days.
- I understand that Lynn Harms of LightWorker Healing Arts LLC will not be held liable for any exposure to COVID-19 or any other contagion.
- **WAIVER AND RELEASE: I HEREBY WAIVE ALL CLAIMS AND FOREVER RELEASE** Lynn Harms of LightWorker Healing Arts LLC, successors, assigns, heirs and representatives as applicable, of all claims, liabilities, agreements, and causes of action of any nature due to any injury, loss, or damage to person or property, that may arise out of my services performed by Lynn Harms of LightWorker Healing Arts LLC.

By signing below, I agree to the above statements and release Lynn Harms of LightWorker Healing Arts LLC from any and all liability for the unintentional exposure or harm due to COVID-19.

Lynn Harms of LightWorker Healing Arts LLC agrees to abide by these same standards and affirm that I have expanded and improved my sanitation procedures to more thoroughly prevent the spread of COVID-19 and other communicable diseases. I will also be wearing a mask during all treatments.

For the time being, all clients will be asked to wear a mask at all times, which I will have available if you so desire, in addition to washing their hands prior to treatment.

Client name: \_\_\_\_\_

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