## **COVID-19 LIABILITY RELEASE WAIVER**

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE TREATMENT

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Seagrass Therapeutics, LLC adheres to comply.

Symptoms of COVID-19 include:  • Fever  • Fatigue  • Dry Cough  • Difficulty Breathing
I agree to the following:
<ul> <li>I, nor members of my household, have not experienced any of the symptoms listed above within the last 14 days.</li> <li>I, nor members of my household, have not travelled internationally in the last 30 days.</li> <li>I, nor members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).</li> <li>I, nor members of my household, have not been diagnosed with the Coronavirus (COVID-19) within the last 30 days.</li> <li>The venue cannot be held liable from any exposure to the Coronavirus (COVID-19) caused by misinformation on this form or the health history provided by each client.</li> <li>I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of these services that I have an elevated risk of contracting the virus simply by being in the establishment.</li> </ul>
To prevent the spread of the contagious virus and to help protect each other, I understand that I must follow the establishment's guidelines:
<ul> <li>Reschedule appointment if you are feeling unwell;</li> <li>No additional guest is allowed;</li> <li>Wash hands upon arrival.</li> </ul>
By signing below, I agree to each above statement and release the venue and its employees from any and all liability for the unintentional exposure or harm due to Covid-19 and other communicable conditions.
Date:
Client Name (Printed)
Client Signature