

## Covid-19 liability waiver and release form

I understand about the recent coronavirus. World Health Organization has classified COVID-19 a global pandemic. And I am aware that COVID-19 is very contagious and is thought to spread through direct contact with people.

Please answer the following inquiries honestly and as best you can:

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

- Fever
- Cough
- Chills
- Fatigue
- Head or muscle aches
- Shortness of breath
- Difficulty breathing
- Sore throat Congestion or runny nose
- Body or muscle aches
- New loss of taste or smell
- Nausea, diarrhea, vomit

	Yes	No
Have you or anybody in your home traveled outside the country in the last 14 days? _____?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are waiting to receive test results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close proximity to somebody who has tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

### RELEASE AND WAIVER

By approving this contract. I voluntarily accept the chance that I could come into contact with or contract COVID-19.

I hereby release and hold harmless \_\_\_\_\_ liabilities related to COVID-19 exposure. EVEN IF ARISING FROM THE NEGLIGENCE, ACTS, OR OMISSIONS OF THE RELEASED PARTIES.

\_\_\_\_\_  
Client Name (printed):

\_\_\_\_\_  
Client Name (signature):

*Date:* \_\_\_\_\_