



## COVID-19 Liability Release Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and possibly by contact with contaminated surfaces and objects or in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Resonance Massage & Bodywork and our therapists cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing Resonance Massage & Bodywork's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Resonance Massage & Bodywork's services and/or enter onto Resonance Massage & Bodywork's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Resonance Massage & Bodywork adheres to comply.

**In consideration of my participation in the foregoing, the undersigned acknowledges and agrees to the following:**

1. I understand that because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
2. I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
3. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
4. I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
5. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

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**Following the pronouncements above I hereby declare the following:**

1. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may in any case be at risk of contracting COVID-19.
2. With full knowledge of the risks involved, I hereby release, waive, discharge Resonance Massage & Bodywork, the owner, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the services that may lead to unintentional exposure or harm due to COVID-19.
3. I agree to indemnify, defend, and hold harmless Resonance Massage & Bodywork and all therapists from any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising, whether directly or indirectly, from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

**By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved; and that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.**

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted and may be adjusted as necessary with changes in laws and mandates relating to COVID-19.

**Name (print):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature** \_\_\_\_\_

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