



Passionate Sole Reflexology

Covid-19 Liability Release Waiver for Clients

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include:

- Fever and/or Chills
- Muscle/Body Aches
- Nausea and/or Vomiting
- Congestion and/or runny nose
- Headache
- Dry Cough
- Diarrhea
- Difficulty Breathing/Shortness of Breath
- Fatigue
- Sore Throat
- Loss of Taste and/or Smell

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, neither 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 past 30 days.
- I affirm that I, as well as all household members and/or coworkers, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city or state considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that Passionate Sole Reflexology/Karan J. Kontra cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Our business is following these enhanced procedures to prevent the spread of COVID-19:

- Sanitizing all surfaces before and after clients
- Providing hand sanitizer and promoting appropriate hand washing
- Limiting social contact to only one client in the room with the reflexologist
- Requiring face masks
- Using no-touch temperature checks
- Using an air purifier in the reflexology room and keeping the room ventilated

By signing below, I agree to each statement above and release Passionate Sole Reflexology/Karan Kontra from any and all liability for unintentional exposure or harm due to COVID-19.

Sign: _____ Print Name: _____

Date & Initial: _____	Date & Initial: _____	Date & Initial: _____
Date & Initial: _____	Date & Initial: _____	Date & Initial: _____
Date & Initial: _____	Date & Initial: _____	Date & Initial: _____
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