

WITHIN THE PAST 7 (SEVEN) DAYS:

Have you experienced chills, fever, body aches, shortness of breath? Y N Have you knowingly been exposed to someone with COVID-19? Y N Have you or anyone in your household been diagnosed with COVID-19? Y N

If you answered “Yes” to any of the above you may not receive services today and may not have a reschedule date less than 14 days from today’s date.

Have you been tested for COVID-19? Y N If tested, what were your results? P N Have you or anyone in your household traveled outside of Connecticut? Y N

Date: _____ Temp: _____ Client’s Initials: _____

Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Center for Living Well Therapies (CLWT) has put in place preventative measures to reduce the spread of COVID-19; however, CLWT cannot guarantee that you will not become infected with COVID-19. Further, receiving personal services (such as massage therapy) could increase your risk of contracting COVID-19 given the necessity of close proximity between client and practitioner.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by receiving these services and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CLWT may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other individuals who enter the facility. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with entering the facility and receiving services. I hereby release, covenant not to sue, discharge, and hold harmless CLWT, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of CLWT, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after receiving services.

Client Signature or Guardian Signature if Client is a Minor

Date

Print Name of Client

Practitioner’s Initials