

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Simply Balanced Massage Therapy has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Simply Balanced Massage Therapy cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, therapists, administration, maintenance service providers, and other clients and their families.

I voluntarily seek services provided by Simply Balanced Massage Therapy and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

I hereby release and agree to hold Simply Balanced Massage Therapy harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the therapists, or that may otherwise arise in any way in connection with any services received from Simply Balanced Massage Therapy. I understand that this release discharges Simply Balanced Massage Therapy from any liability or claim that I, my heirs, or any personal representatives may have against Simply Balanced Massage Therapy workers or my with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Simply Balanced Massage Therapy.

This liability waiver and release extends to the Simply Balanced Massage Therapy organization and their therapists together with all owners, partners, and employees.

Name: _____ Date: _____

Witness: Richard Kelly Date: _____