

PANDEMIC AND OUTBREAKS LIABILITY RELEASE WAIVER FOR CLIENTS

DUE TO 2019-2020-2021 OUTBREAK OF CORONAVIRUS (COVID-19) OUR BUSINESS IS TAKING EXTRA PRECAUTIONS WITH THE CARE OF EVERY CLIENT TO INCLUDE HEALTH HISTORY REVIEW OR VACCINATION PASSPORTS AND ENHANCED SANITATION/DISINFECTING PROCEDURES IN COMPLIANCE WITH CDC GUIDANCE.

SYMPTOMS OF COVID 19 INCLUDE:

FEVER

FATIGUE

DRY COUGH

DIFFICULTY BREATHING

I AGREE TO THE FOLLOWING:

I UNDERSTAND THE ABOVE SYMPTOMS AND AFFIRM THAT I, AS WELL AS ALL HOUSEHOLD MEMBERS, DO NOT 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, 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 USA OR TO ANY CITY CONSIDERED TO BE A "HOT SPOT" FOR COVID-19 INFECTIONS WITHIN THE PAST 30DAYS.

I UNDERSTAND THAT (BETH'S LOVING HANDS) CANNOT BE HELD LIABLE FOR ANY EXPOSURE TO THE COVID-19 OR ANY OTHER PANDEMIC OUTBREAKS CAUSED BY THE HEALTH HISTORY OR FRAUDULENT MISREPRESENTATION PROVIDED BY EACH CLIENT.

OUR BUSINESS IS FOLLOWING THESE ENCHANCING PROCEDURES TO PREVENT THE SPREAD OF COVID-19 AND OTHER PANDEMIC

1, WEARING MASKS

2, DISINFECTING ALL SURFACES

3, TEMP CHECKS AT DOOR

4, PRACTITIONER MUST WEAR DISPOSAL GLOVES WHEN TOUCHING PATIENTS

BY SIGNING BELOW, I AGREE TO EACH STATEMENT ABOVE AND RELEASE (BETH'S LOVING HANDS) FROM ANY AND ALL LIABILITY FOR UNINTENTIONAL EXPOSURE OR HARM DUE TO COVID-19 OR ANY OTHER PANDEMIC, OR FLU.

SIGN _____ DATE _____