

# The Roots of Health

## COVID-19 Liability Release Waiver

I understand that because services provided by The Roots of Health involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage, CranioSacral Therapy, or any other services offered at The Roots of Health, and I release The Roots of Health and any of its affiliates, practitioners and therapists from any liability should I contract COVID-19 or develop any COVID-19 related symptoms after my session or any future sessions.

I acknowledge that I must comply with all set procedures to reduce the spread of COVID-19 while attending my appointment and any future appointments:

- I understand that I am required to wear a mask at all times while on premises and during my treatment sessions at The Roots of Health. Children 5 years and younger are not required to wear a mask. Masks must be secured such that they cover the nose and mouth at all times.
- I will sanitize my hands when entering the premises with hand sanitizer. Hand sanitizer is provided in the entrance ways of the building, and in the office space of The Roots of Health.
- I will contact The Roots of Health to reschedule my appointment(s) if I believe I have been exposed to COVID-19, know I have been exposed to someone with COVID-19, have symptoms of COVID-19, or have been diagnosed with COVID-19. Under such circumstances I will reschedule my appointment(s) to a date after the standard 14 day COVID-19 quarantine period.
- I will contact The Roots of Health to reschedule my appointment(s) if I have or suspect any other non-COVID-19 communicable illness (cold, flu, etc.).
- I will not come to or participate in a service if I am 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 and will not travel internationally within the last 14 days before my appointment or any future appointments.
- I have not and will not travel to a highly impacted area within the United States of America in the last 14 days before my appointment or any future appointments.
- I will contact The Roots of Health immediately if I develop any symptoms of COVID-19 within two weeks after my last therapy session so that we may take action to protect ourselves and/or notify any others with whom we have been in contact.

Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, and discharge The Roots of Health, its owners, officers, 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 facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend and hold harmless The Roots of Health from and against 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. This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client or Parent/Guardian Signature

\_\_\_\_\_  
Date



The Roots of Health  
www.TheRootsOfHealth.com