



Waiver must be completed before each appointment. You may sign waiver using an electronic signature application. If printed, you may email it BackinmotionFT@gmail.com or you may text a picture to 901-337- 9305.

Jon Harvey, LMT

According to the CDC, symptoms of COVID-19 include:

- *fever
- *chills
- *cough
- *headache
- *sore throat
- *repeated shaking with chills
- *shortness of breath
- *muscle pain
- *new loss of taste or smell

I, _____, agree with the following statements: (initial below)

(____) I understand the above symptoms as outlined by the CDC and affirm that neither myself, nor anyone I have had contact with, have experienced the any of the symptoms listed above within the last 14 days.

(____) I affirm that neither myself, nor anyone I have had contact with, have been diagnosed with COVID-19 within the last 30 days

(____) I affirm that neither myself, nor anyone I have had contact with, have traveled outside of the country, or to any city outside of our own that is, or has been considered, a “hotspot” for COVID-19 infections within the last 30 days.

(____) I agree to use whatever PPE is deemed necessary, as mandated by Federal and/or local authorities or requested by my service provider, in order to safely receive bodywork.

(____) My service provider has given affirmative responses to the above health history and travel statements.

By signing below, I affirm that the above information has been completed thoroughly and honestly. My service provider has informed me of current sanitation and disinfection protocols being utilized in line with CDC guidelines and Health Board Regulations. I acknowledge and fully assume the risk of personal injury, wrongful death, property damage, and other damages, claims, or loss to me or my property that may occur while I am receiving bodywork services from my service provider and in my service provider’s facility, including but not limited to exposure to COVID-19 arising from being on the premises and receiving bodywork. I and my heirs, representatives, and assigns hereby release, waive, and discharge Jon Harvey, LMT and his employees, agents, successors, and representatives from any claims, damages, or loss to me or my property for personal injury, wrongful death, property damage, or any claims whatsoever, including but not limited to liability related to COVID-19, to the fullest extent allowed by law.

Sign: _____ Date: _____

Print name: _____