



COVID-19 Liability Release Waiver Classroom

Signature Required During Check-in

I confirm I DO NOT have any of the following symptoms of COVI-19: Fever, Shortness of Breath, Dry Cough, Runny Nose, Sore Throat

Yes

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

Yes

I understand that there is a risk of exposure while participating in hand-on learning.

Yes 1

I understand that due to the possibility of visits of other students and massage clients, the characteristics of the virus, and the characteristics of massage therapy, I have an elevated risk of contracting the virus simply by being in the office.

Yes

I, or members of my household, have not experienced any flu like symptoms within the last 14 days.

Yes

I, or members of my household, do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).

Yes

I, or members of my household, have not been diagnosed with the Coronavirus.

Yes

I knowingly and willingly consent to participate in hands-on learning during the COVID-19 pandemic.

Yes

By signing this form, I acknowledge that I am aware of the risks involved and consent to participate in hands-on learning. I agree to release New Jersey Massage from any and all liability for the unintentional exposure or harm due to the Coronavirus (COVID-19) Furthermore, I understand that my name and contact information might be shared with the state health department if a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

Name

First Name Last Name

Date



Month Day Year

Due to the outbreak of the novel Coronavirus (COVID-19), New Jersey Massage is doing everything we can to protect you, our clients, our community and our staff. To this extent, New Jersey Massage will be following the rigorous requirements of the Federation of State Massage Therapy Boards, Massage and Bodywork Guidelines for Practice with Covid 19 Considerations. We ask that our clients disclose their health history and continue to implement the sanitation and disinfection procedures our facility has undertaken.

I have read and agree with the statements below: