



Precautionary Coronavirus Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronavirus, COVID-19, we are taking extra precautions with the intake of each client, health history review, as well as sanitation and disinfecting practices. Please complete the following and sign below.

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 COVID19 within the last 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 last 30 days.

_____ I affirm that I, as well as all household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.

_____ I understand that this business and my massage therapist cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing below I agree to each above statement and release the Avani Spa and Therapist/Technician from any and all liability for the unintentional exposure or harm due to COVID-19.

Avani Spa and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly fight the spread of COVID-19 and other communicable conditions.

Signature _____

Date _____



NAME: _____

DATE: _____

PLEASE CHECK THE APPROPRIATE BOX:

YES NO

- 1. Do you have joint, neck, spinal or back problems? YES NO
- 2. Do you have varicose veins, swelling, bruises or fractures? YES NO
- 3. Do you have athlete's foot, warts or any other skin condition? YES NO
- 4. Are you pregnant? If yes, how far along? YES NO
- 5. Have you had surgery within the past year? YES NO
- 6. Have you been treated for cancer in the past 5 years? YES NO
- 7. Do you have diabetes? YES NO
- 8. Do you suffer from claustrophobia? YES NO
- 9. Do you have any allergies to nuts, seaweed or seafood? YES NO
- 10. Please list any other allergies or medical conditions:

LIABILITY RELEASE, ACKNOWLEDGEMENT AND WAIVER

With my signature below, I understand, acknowledge and agree that: (I) I am aware the use of the facilities and services involve risks, including but not limited to, risk of bodily injury and death; (II) I have provided above all relevant information regarding my medical history and health conditions; (III) I am making use of the spa and fitness facilities of my own free will; and (V) assume all risks associated therewith. On behalf of myself, my personal representatives, heirs, executors, administrators, agents and assigns, I hereby release and discharge Avani Spa, hotel operator and their affiliates, parent companies, subsidiaries, employees, agents, landlords, representatives, successors and assigns from any and all claims or causes of actions arising out of or relating to my use of the facilities and services, including but not limited to, those resulting from bodily injury, death, or the theft, loss or damage of property, whether or not cause by negligence or other fault of the parties being released, and hereby waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to such claims. I further agree on behalf of myself and my heirs, executors and administrators, to indemnify defend, and hold harmless Avani Spa, hotel operator and their affiliates, parent companies, subsidiaries, employees, agents, landlords, representatives, successors and assigns from and against any and all claims or causes of action, damages to or destruction of any property arising out of or related to my use of the services or facilities. I understand that a failure to return borrowed items such as robes, slippers or locker keys will result in an additional charge to me.

Signature _____

Date _____