



COVID-19 Pandemic Consent and Liability Release Waiver Form

I, _____, knowingly and willingly consent to receive services from A Pivot To Wellness, LLC during the COVID-19 pandemic.

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. It is impossible to determine who has it and who does not given the current limits in virus testing. _____ (Initial)

I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of wellness treatments, that I have an elevated risk of contracting the virus simply by being in a wellness center. _____ (Initial)

To prevent the spread of contagious viruses and to help protect each other, I understand that I will have to follow the wellness center's strict guidelines. _____ (Initial)

I confirm that I do not have any of the following COVID-19 symptoms listed below: _____ (Initial)

- | | |
|---|-------------------------------|
| - Fever-Temperature: 100.4° F (degrees F) | - Shortness of Breath |
| - Loss of Sense of Taste or Smell | - Dry Cough |
| - Runny Nose | - Sore Throat and/or Headache |

I further 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 experience the symptoms listed above WITHIN THE LAST 14 DAYS. _____ (Initial)
- I verify that I, as well as all household members, have not been diagnosed with COVID-19 IN THE PAST 30 DAYS. _____ (Initial)
- I verify that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 with the past 30 DAYS. _____ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting **the COVID-19 virus. And I understand that the CDC and OSHA recommend social distancing of at least 6 feet.**

_____ (Initial)

- I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____ (Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (Initial)

I understand that _____ (practitioner's name) and A Pivot To Wellness, LLC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

First and Last Name: _____

Signature: _____ Date: _____