Bryant Chiropractic and Massage

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Informed Consent and Covid-19 Liability Release Form

Due to the 2019-2020 outbreak of the novel Coronovirus, aka Covid-19, we are taking extra precautions with the intake of each client, health history review, as well as increased sanitation and disinfecting procedures.

Please complete the following and sign below. Symptoms of Covid-19 include but not limited to;

- Fever of 100°F or above
- Fatigue
- Dry Cough
- Difficulty Breathing
- Respiratory or flu like symptoms, sore throat, shortness of breath, chills
- Sudden loss of taste/smell

I, _____agree to the following;

- I understand the above symptoms and affirm that I, as well as my household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I agree to have my temperature taken prior to my treatments
- I affirm that I, as well as my household members, have not been diagnosed with Covid-19 within the last 30 days.
- I affirm that I, as well as my 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 my 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 my providers and Bryant Chiropractic and Massage cannot be held liable for any exposure to the virus or any other contagion due to inaccurate information or misinformation provided on any form by any patient.
- I understand the risk of viral or any contagion transmission inherent in receiving treatments or any close contact in this facility today and I accept this risk and ALL responsibility in the event I test positive at any time following treatment or massage.

I understand that, because massage and chiropractic therapy work 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 and/or chiropractic treatments from my providers. I agree to each of the above statements and release the providers in this office and the business from any and all liability for the unintentional exposure or harm due to Covid-19 or any other contagion. **I am responsible to notify the providers and this business of any changes in the above statements, or if I or my family members develop symptoms or are diagnosed with COVID-19.**

Patient Signature:_____ Date:_____

Provider Signature:_____ Date:_____