

Koleto Wellness Group

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Precautionary Covid-19 Liability Release Form

Symptoms of Covid-19 include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Unusual body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I, _____ agree to the following;

- ☐ I understand the above symptoms and affirm that I, as well as household members, do not currently have nor have experienced the symptoms listed above within the last 14 days.
- ☐ I consented to having my temperature taken today, at the time of this appointment. I understand this is not a diagnosis, nor does the result mean I definitively do not have Covid-19.
Temp: _____ Time taken: _____ Initial _____
- ☐ I affirm that I have not, nor have any of my household members, been diagnosed with Covid-19 within the last 30 days.
- ☐ I affirm that I have not, and nor have any of my household members, knowingly been exposed to anyone diagnosed with Covid-19 within the last 30 days.
- ☐ I understand that this business and my massage therapist and any other practitioners or clients in this building cannot be held liable for any exposure to the virus or any other contagion I may experience.
- ☐ I understand the risk that I am taking by being a willing participant to receive a massage in this facility today and I accept ALL responsibility in the event I test positive at any time following my massage.

By signing below, I agree to each of the above statements and release the massage therapist and the business from any and all liability for unintentional exposure or harm due to Covid-19 or any other contagion.

Your massage therapist agrees that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation and ventilation protocols to more thoroughly fight the spread of Covid-19 and other communicable conditions.

Client Signature: _____ Date: _____