# *CodeStart* COVID-19 Liability Form

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance. 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 COVID-19 within the past 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 past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.
- I understand that [insert business name here] 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. Our business is following theses enhanced procedures to prevent the spread of COVID-19:
- Precautions will be taken by *CodeStart* such as the cleaning of supplies with antibacterial wipes, the maintenance social distancing, and the required wear of masks

By signing below, I agree to each statement above and forever release *CodeStart* from any and all liability for unintentional exposure or harm due to COVID-19.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Signature: _____  Date: _____/_____/_____

Name (Printed): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this release.

Signature: _____  Date: _____/_____/_____

Name (Printed): _____