

Customer COVID-19 Release of Claims Form

Full Name

Date

Phone or Email

Release of Claims

By signing this form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in services provided by this business, and that such exposure or infection may result in personal injury, illness, permanent disability, or death.

I hereby release, covenant not to sue, discharge, and hold harmless [Business Name], its employees, agents, and representatives, of and from any claims relating to COVID-19.

Additional Comments (optional)

Customer Signature

Date