

COVID-19 Liability Release Form

I, the undersigned, acknowledge the contagious nature of the Coronavirus/COVID-19 and that public health authorities still recommend practicing social distancing. I further acknowledge that [Organization/Facility Name] has put in place preventative measures to reduce the spread of COVID-19. I further acknowledge that [Organization/Facility Name] cannot guarantee that I will not become infected with COVID-19.

I voluntarily seek services/participation provided by [Organization/Facility Name] and acknowledge that I am increasing my risk to exposure to COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while participating/attending.

Personal Information

Full Name: _____

Address: _____

Phone Number: _____

Email: _____

COVID-19 Screening

Have you experienced COVID-19 symptoms in the last 14 days? _____

Have you tested positive for COVID-19 in the last 14 days? _____

Have you been in contact with anyone confirmed with COVID-19 in the last 14 days? _____

I hereby release and agree to hold [Organization/Facility Name] harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any services received from [Organization/Facility Name]. I understand that this release discharges [Organization/Facility Name] from any liability or claim that I, my heirs, or any personal representatives may have against [Organization/Facility Name] with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from [Organization/Facility Name].

Signature: _____

Date: _____