

Meraki
Jessica Jorgen, LMT
7005 7th Ave NW
Seattle, WA. 98117
239.898.3816
MA00017132

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

I understand that because massage 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.

I understand that Jessica Jorgen, my Licensed Massage Therapist at Meraki, today cannot be held liable for any exposure to the virus or any other contagion caused by misinformation on this form or the health history provided by each client.

By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless Meraki and Jessica Jorgen, LMT. I give my consent to receive treatment today.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Jessica Jorgen, LMT has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I understand that Jessica Jorgen, LMT cannot guarantee that I will be protected from Coronavirus/Covid-19 infection today. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my activities throughout the day, including, but not limited to, Jessica Kelly, and other clients and their families.

I voluntarily seek services provided by Jessica Jorgen, LMT at Meraki and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

Signature _____

Print Name _____

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I (name) _____ on (date) _____ attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 or if I have, I can provide evidence that I have been cleared as non-contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Meraki and Jessica Jorgen, LMT, and any additional practitioners/business owners sharing the same treatment space, 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 that may otherwise arise in any way in connection with any services received from Jessica Kelly, LMT. I understand that this release discharges Jessica Jorgen, LMT from any liability or claim that I, my heirs, or any personal representatives may have against Jessica Jorgen, LMT 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 Jessica Jorgen, LMT at Meraki.

By signing this agreement, 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 receiving treatment at Meraki from Jessica Jorgen, LMT, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

Signature _____

Print Name _____

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COVID-19 Health Information

Client Name: _____ Date: _____

Temperature at time of visit _____

This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

1. Have you had a fever in the last 24 hours of 100°F or above? Yes No
2. Do you now, or have you recently had, any respiratory or flu symptoms (including fever, chills, sore throat, cough, muscle aches, or shortness of breath)? Yes No
3. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes No
4. Have you traveled anywhere outside of the state in the last two weeks?
Yes No Location: _____
5. Have you had a new loss of sense of taste or smell? Yes No

The following questions are specific to a new aspect of COVID-19 involving blood coagulation.

6. Can you exercise to get your heart rate and respiratory rate up without any problem?
Yes No
7. Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes No
8. Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin?
Yes No

Client Signature: _____ Date: _____