

COVID-19

Patient Release of Liability and Waiver

Patient name: _____

Please carefully read this document as it affects your legal rights.

Release of Liability

I confirm my understanding of the following regarding COVID-19 and the risks associated with massage therapy treatment:

1. The novel coronavirus causes the disease known as COVID-19, which is contagious and presents a risk of exposure anywhere that people are present. Scientific and public knowledge regarding the novel coronavirus/COVID-19 and associated risks is still developing and any current recommendations or understanding of the disease may change over time.
2. COVID-19 may have a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
3. In some cases, COVID-19 can lead to severe illness and death.
4. The nature of massage therapy treatments makes it impossible to comply with the British Columbia Provincial Health Officer's current social distancing recommendations of maintaining a distance of 2 meters (6 feet) between persons.
5. Even if steps are taken to reduce the risk to me, I understand that it is not possible to eliminate the risk of transmission of the novel coronavirus/COVID-19 during massage therapy treatment. I understand that there is some risk of contracting the novel coronavirus/COVID-19 as a result of my attendance for massage therapy treatment.

I confirm my understanding that I am under no obligation to sign this Release of Liability, and that I am free to decline to sign the Release of Liability at any time. There will be no penalty for cancellation of my associated massage therapy appointment if I decide not to sign the Release of Liability and do not proceed with treatment as a result.

RMT COVID-19 Pandemic Clinical Guidelines

In entering into this Release of Liability, I am not relying on any oral or written representations or statements made by my treating massage therapist with respect to the risks of transmission of the novel coronavirus/COVID-19, other than what is written in this Release of Liability.

I confirm that I sign this Release of Liability voluntarily and that I am at least eighteen (18) years of age.

I confirm that by signing this Release of Liability, I understand the risk that I could be exposed to or infected with the novel coronavirus/COVID-19 and that this may include, and is not limited to, exposure or infection as the result of actions, omissions, and/or negligence of others, howsoever caused, including other patients, my treating massage therapist, the clinic, and any associated staff.

I agree to waive any and all claims that I have or may in the future have against my treating massage therapist, their clinic, and any associated staff, arising out of or in any way related to transmission of or contact with the novel coronavirus/COVID-19 as a result of my attendance for massage therapy treatment.

I confirm that I have read and understood the terms of this Release of Liability and that I agree to be bound by those terms.

Patient Name (please print):

Patient Signature: _____ Date: _____

Witness Name (please print):

Witness Signature: _____ Date: _____
