

COVID-19 Waiver



Due to the COVID-19 pandemic, we are taking extra precautions with the intake of each client. Please answer these questions truthfully so we may continue to do our best to stop the spread.

Primary symptoms of COVID-19 may include:

- new cough or a chronic cough that is worsening
- fever
- new or worsening shortness of breath or difficulty breathing
- sore throat
- runny nose

Secondary symptoms of COVID-19 may include:

- stuffy nose
- painful swallowing
- headache
- chills
- muscle or joint pain
- gastrointestinal symptoms
- loss of sense of smell or taste
- conjunctivitis (pink eye)

I, _____ accept the following affirmations
(Print your name)

when engaging in a health and wellness/training sessions from : Cheris Samuels-Murdoch
(Print your Trainer/Wellness Coach's name)

- I understand the above symptoms and affirm that I, as well as all members of my household, do not currently have nor have experienced COVID 19 symptoms within the last 14 days.
- I affirm that I, as well as all members of my household, have not been diagnosed with COVID-19 within the last 14 days.
- I affirm that, to my knowledge, in the last 14 days I have not been in contact with anyone who has been diagnosed with COVID-19.
- I affirm that if I traveled outside of Canada in the last month, I isolated in my home for 14 days upon my return.
- I understand that, because fitness/training rehabilitation and other natural health practices involve maintaining prolonged and close physical contact, there may be an elevated risk of disease transmission, including COVID-19.
- I understand that this business and my Trainer/Wellness Coach (identified above) cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

[] If a potential COVID-19 exposure occurs at this business, I consent to provide my name and contact information to Alberta Health Services for the purpose of contact tracing.

Our goal is to minimize the risk of infection to our staff and participants, thank you for your understanding and cooperation. By signing the backside of this form, I acknowledge that I am aware of the risks involved and give consent to receive health and wellness/training services and bodywork.

For the most up-to-date information on COVID-19, please visit: <https://www.alberta.ca/index.aspx>

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