



**PRO FITNESS NETWORK COVID SAFETY AFFIRMATION/WAIVER**  
(MESSAGE CLIENTS)

**By signing below, you affirm to the following:**

I, as well as all household members do not currently have, or have experienced the symptoms of fever, fatigue, dry cough and difficulty breathing within the last 14 days.

I, as well as all household members, have not been diagnosed with COVID-19 within the last 30 days.

I, as well as all the household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the last 30 days.

I, as well as all the household members, have not traveled outside of the country, or to any city outside of our own that is or has been considered a "hot spot" for COVID-19 infections within the last 30 days.

I understand that this business and therapists cannot be held liable for any exposure to the virus or any other contagion caused by misinformation or the health history provided by myself, as well as each client. This applies for all my appointments from this day forward.

By accepting my appointment, I acknowledge that I am aware of the risks involved at this time, I voluntarily agree to assume those risks, and I release and hold harmless, the therapist and business from any claims related thereto.

I give my consent to receive treatment from this therapist, this business and all other therapists at this business. I agree to each above statement and release the therapists and business from any and all liability and for the unintentional exposure or harm due to COVID-19. This applies for all my appointments from this day forward.

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**Print Name**

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**Sign Name**

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**Date**