



CLUB PHYSIO PLUS COVID-19 CONSENT FORM

Name: _____ **Date:** _____

Are you currently experiencing any of these symptoms? Choose any/all that apply			Are you currently experiencing any of these symptoms? Choose any/all that apply		
	Y	N		Y	N
Cough that's new or worsening (continuous, more than usual)			Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)		
Pink eye (conjunctivitis)			Headache (non-injury related)		
Runny nose (not related to seasonal allergies or other known causes or conditions)			Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)		
Shortness of breath (out of breath, unable to breathe deeply)			Digestive issues (nausea/vomiting, diarrhea)		
Extreme tiredness that is unusual (fatigue, lack of energy)			Lost sense of taste or smell		
Muscle aches			Difficulty swallowing		
Sore throat			Falling down often		
Barking cough, making a whistling noise when breathing (croup)			Chills		
Have you travelled outside of the country in the past 14 days?			Have you tested positive for the COVID 19 virus?		
Have you been in contact with anyone who has tested positive for the COVID 19 virus or experienced the symptoms above within the past 2 weeks?					

I hereby acknowledge that the above answers are true to the best of my knowledge. I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending Club Physio Plus. I also acknowledge and accept that while receiving services, the therapist may need to be closer than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge and confirm that I am willing to accept this risk as a condition of attending at Club Physio Plus to receive services from the therapist. In consideration of the therapist agreeing to see me in person at Club Physio Plus, I agree to release the therapist and Club Physio Plus (if applicable), their officers, directors, employees, agents and volunteers (the "Releasees") from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to COVID-19 during my visit to Club Physio Plus and/or through the provision of services to me by the therapist. I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the Releasees based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at Club Physio Plus and/or through the provision of services to me by the therapist. I further acknowledge that the Releasees can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time. I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

Signature _____