

Covid-19 Waiver



I acknowledge that BAO Institute For Healthy Living (herein referred to as 'BAO') has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that BAO cannot guarantee that I will not become infected with the Coronavirus/Covid-19. 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 myself and others, including, but not limited to, staff, and other members and their families.

I voluntarily seek services provided by BAO 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.

I attest that I am not experiencing any of the following symptoms:

- Fever chills (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Cough that's new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat
- Difficulty swallowing
- 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)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that's unusual or long lasting
- Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other known causes or conditions)
- Muscle aches that are unusual or long lasting
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often

If you are not experiencing any of the above conditions, you are able to use the facilities.

By signing below, I agree to each statement above and release BAO from any and all liability for unintentional exposure or harm due to COVID-19.

Name: _____

Date: _____

Signature: _____