

COVID-19 Vaccination Liability Waiver for Massage

This COVID-19 Vaccination Liability Waiver (“Waiver”) is made by the undersigned client (“Client”) as a condition of receiving post-surgery massage therapy services from ForeverNow LLC [dba ForeverNow Massage and Coaching] (“Therapist”). By signing this Waiver, the Client agrees to release and hold harmless ForeverNow LLC [dba ForeverNow Massage and Coaching] from any claims, damages, or liabilities related to the Client's COVID-19 vaccination status and subsequent massage therapy services.

Acknowledgment of Vaccination Status

The Client confirms that they have received a COVID-19 vaccination. The Client understands that ForeverNow Massage and Coaching generally does not accept new clients who have received a COVID-19 vaccine. However, an exception is being made for the Client based on a review of their medical history and at the sole discretion of ForeverNow Massage and Coaching.

Initial: _____

Assumption of Risk

The Client acknowledges and accepts that massage following a COVID-19 vaccination may carry certain unknown risks or complications. The Client assumes full responsibility for any adverse effects, health complications, or discomfort that may arise during or after receiving massage therapy.

Initial: _____

Release of Liability

The Client, on behalf of themselves, their heirs, assigns, and personal representatives, hereby releases and forever discharges ForeverNow LLC [dba ForeverNow Massage and Coaching, its owners, employees, contractors, agents, and affiliates (“Released Parties”) from any and all claims, demands, or causes of action arising out of or related to the Client's COVID-19 vaccination status and the provision of massage therapy services.

The Client understands that the Released Parties make no guarantees regarding the potential effects of massage therapy on a vaccinated individual and are not liable for any outcomes that may arise from the therapy provided.

Initial: _____

Indemnification

The Client agrees to indemnify, defend, and hold harmless the Released Parties from any claims, damages, losses, or expenses (including attorney's fees) arising from or related to their COVID-19 vaccination status or any complications resulting from massage therapy services.

Initial: _____

Medical Acknowledgment

The Client acknowledges that they have disclosed their full medical history, including any recent surgeries, medical treatments, or relevant health information, to ForeverNow LLC [dba ForeverNow Massage and Coaching] prior to receiving services.

The Client confirms that they have consulted with their physician, if necessary, and believe that they are in suitable condition to receive massage therapy.

Initial: _____

Voluntary Participation and Understanding

The Client confirms that they are participating in massage therapy services voluntarily and understand the contents of this Waiver. The Client acknowledges that they have had the opportunity to ask questions and seek clarification on this Waiver and have read it carefully before signing.

Initial: _____

Binding Effect

This Waiver shall be binding upon the Client, their family members, heirs, executors, administrators, and assigns.

Client Information:

Name: _____

Date: _____

Signature: _____