

I, \_\_\_\_\_, acknowledge that \_\_\_\_\_  
(the "Therapist"), in returning to work, has confirmed to me that he/she has adhered to all health standards and guidelines relating to COVID-19, set out by the Government of Manitoba.

The Therapist has confirmed to me that they have complied with all hygiene and practice standards recommended by the Massage Therapy Association of Manitoba (MTAM).

Notwithstanding the Therapist has complied with Personal Protective Equipment requirements and complies with the appropriate guidelines, the Therapist cannot guarantee there will be no contraction of COVID-19 arising out of treatment.

This form constitutes a release and waiver of the Therapist from liability should COVID-19 be contracted through treatment. I acknowledge I have been requested to execute this release and it is a condition of my receiving treatment from the Therapist, and failure to execute this Waiver and Release may result in treatment being refused.

1. I ACKNOWLEDGE and AGREE I understand the nature of the treatment I have requested;
2. I CONFIRM I am not currently showing any symptoms of COVID-19, and I have not, to my knowledge, contracted COVID-19, and I am aware of the COVID-19 symptoms.
3. I HEREBY RELEASE, WAIVE and DISCHARGE the Therapist, his/her administrators, employees, officers, agents, successors, heirs and assigns from all liability, actions, demands, and proceedings arising from my contracting COVID-19 as a result of my treatment.
4. I ACKNOWLEDGE I have read this Waiver and Release and fully understand its terms and I have signed it freely and without any inducement or assurance of any nature; and I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law relating to my contracting COVID-19 from treatment. If any portion of this Waiver and Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

This Waiver and Release shall be governed by and construed under the laws of the Province of Manitoba.

**Printed Name of Client:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Massage Therapist:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_