

## COVID-19 QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

- Have you or anyone in your household had any of the following symptoms in the last 48 hours:

Sore throat	Cough	Fever or chills
Muscle or body aches	Shortness of breath or difficulty breathing	
New loss of smell or taste	Headache	Fatigue
Congestion or runny nose	Sore throat	Nausea or vomiting
Diarrhea		
- Have you or anyone in your household tested positive for COVID-19 in the past 10 days?
- Are you currently awaiting results from a COVID-19 test?
- Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?
- To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?

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- Have you received vaccination against COVID-19?

## Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact.

I have put into place preventative measures to reduce the spread of COVID-19, however, I **cannot guarantee** that you will not become infected with COVID-19 related to activities, sessions, classes or other events held at my location and in my locality. Further, **attending could increase** your risk of contracting COVID-19.

*Cindy Koppen, Reiki Master*

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the event and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 in this location or locality may result from the actions, omissions or negligence of myself and others, including but not limited to anyone attending the event.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I may experience or incur in connection with my attendance at the event or participation in the program/session. On my behalf, I hereby release, covenant not to sue, discharge and hold harmless Cindy Koppen (and all relations) and representatives, of and from the Claims, including all liabilities, claims, actions, damages, loss of employment, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Cindy Koppen and representatives, whether a COVID-19 infection occurs before, during, or after participation in the program or session.

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Signature

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Date