

## COVID-19 Liability Release Waiver

### ***Must be read and signed before re-entering the Green Apple***

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Green Apple Wellness Centre is taking extra precautions with the care of every client increasing sanitation/disinfection procedures in accordance with Queensland and Australian Government regulations.

Below is a list of conditions that are regarded as high risk during COVID-19 in which the government advises patients to take caution and stay at home where possible.

- > Chronic conditions if you are aged over 65, or if you are an Aboriginal or Torres Strait Islander person aged over 50. Chronic conditions can be considered:
  - Chronic renal failure
  - Coronary heart disease and Congestive cardiac failure
  - Chronic lung disease such as severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease or chronic emphysema
  - Poorly controlled diabetes
  - Poorly controlled hypertension
- > Immune system conditions at any age if immune systems are significantly weakened: chemotherapy or radiotherapy, post-transplant, poorly controlled diabetes and poorly controlled hypertension

#### **I agree to the following:**

- I HAVE read and understood the above text
- I am NOT experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
- I have NOT travelled internationally within the last 14 days
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS
- I affirm that I will NOT attend the Green Apple Wellness Centre if I am sick
- I understand that Green Apple Wellness Centre cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client
- I have checked the Green Apple facility mapping of the numbers of people eligible to exercise in each room/area at any one time and I will comply with Centre rules in relation to this

By signing below, I agree to each statement above and release Victoria Gill and Green Apple Wellness Centre, from any and all liability for the unintentional exposure or harm due to COVID-19.

Green Apple Client  
Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Green Apple Witness  
Print name: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

