

COVID-19 Business Visit Release Form

Visitor Information

Full Name

Phone Number

Email Address

Visit Date

Business/Location Visited

Health Screening

- ☐ I am not experiencing symptoms of COVID-19 (such as fever, cough, shortness of breath).
- ☐ I have not been in contact with someone confirmed to have COVID-19 in the past 14 days.
- ☐ I have not traveled internationally in the past 14 days.

Release of Liability

I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by entering and visiting this business/location. I hereby release and hold harmless the business/location and its employees from any claims related to COVID-19 infection.

- ☐ I have read and agree to the above statement.

Signature

Date
