

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

The novel coronavirus, **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

_____ (name of provider), has put in place preventative measures to reduce the spread of COVID-19; however, _____ (name of provider) **cannot guarantee** that you – should you be exposed, will not become infected with COVID-19. Further, attending in-person appointments with _____ (name of provider) could increase your risk of contracting COVID-19.

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 in-person appointments with _____ (name of provider) and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to _____ (name of provider), his employees, volunteers, and other participants and their families.

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 in-person appointments with _____ (name of provider).

I hereby, release covenant not to sue, discharge, and hold harmless _____ (name of provider), his employees, agents, and representatives of and from the claims, including all liabilities, claims, actions, damages, 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 _____ (name of provider), his employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with _____ (name of provider).

Name of Client

Signature of client/parent

Date