

**Treehouse Pediatric Therapy Client
COVID-19 Advisory and Acknowledgement**

While Treehouse Pediatric Therapy is taking measures to prevent the spread of COVID-19 based on the recommendations of the State Department of Health and the CDC, we cannot make any guarantees. By signing this agreement, you acknowledge the contagious nature of this virus and voluntarily assume the risk that you and/or your child(ren) may be exposed to or infected by COVID-19.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation at Treehouse Pediatric Therapy both in the clinic and home environment. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Treehouse Pediatric Therapy, its independent contractors and sub-contractors, 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 the Treehouse Pediatric Therapy, it's independent contractors and sub-contractors, whether a COVID-19 infection occurs before, during, or after participation through Treehouse Pediatric Therapy.

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

Please Answer Yes or NO	YES	NO
Do you or your child have a fever?		
Are you or your child short of breath or have a dry cough?		
Do you or your child have any other flu-like symptoms?		
Have you or your child had any contact with COVID-19 positive patients?		
Are you willing to have your child work with/share space with a peer and/or another therapist?		

Temperature: _____ Date/time: _____