

Coronavirus Assumption of Risk and Liability

Amy Hill Physical Therapy & Pilates P.C. (720-302-5022)

COVID-19 has been declared a worldwide pandemic by the World Health Organization. This disease is extremely contagious and primarily spread through person-person contact including contact with individuals without disease symptoms. As a result, we must follow guidelines put into place.

The health and well being of our patients and staff are our top priority. To minimize the risk of COVID, we will only allow staff, patients and essential care givers to be in our office. Others must use the common area or the parking lot to wait.

Amy Hill Physical Therapy & Pilates P.C. (hereafter referred to as "AHPT") has put in place preventative measures and enhanced cleaning protocols to reduce the spread of COVID in the office, but AHPT cannot guarantee that you will not be infected with COVID-19 as attending appointments increases risk.

By signing this agreement, I acknowledge the contagious nature of COVID and voluntarily agree to the terms described above and assume the risk that I may be exposed to or infected by COVID by attending appointments at AHPT and that such exposure/infection may result in injury, illness, disability, and death.

I understand that the risk of being exposed may result from the actions, omissions, or negligence of myself and others, including, but not limited to employees and other patients. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the AHPT, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs, 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 AHPT, its employees, agents, and representatives, whether a COVID-19 infection occurs, before, during, or after appointments at AHPT.

For the safety of our patients and staff please answer the following questions:

1. Have you been confirmed or suspected for having COVID-19 or do you live with someone known or suspected of having COVID-19? Yes No
2. Do you currently have a fever of 100.4 F or higher? Yes No

If you answered yes to #1 or #2:

Based on your symptoms, you have been identified as high risk for COVID-19 and therefore we must reschedule your appointment. Thank you.

If you answered no to both:

You have tested negative for your COVID-19 screening and may continue to your appointment

Patient Name (print) _____

Patient Signature _____ Date _____

Parent/Legal Guardian Name (patients under 18) _____

Signature of Parent/Legal Guardian _____ Date _____