

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

The coronavirus/COVID-19 has been declared a worldwide pandemic by the world health organization. COVID-19 is extremely contagious and is believed to be spread by person to person contact through droplets.

In accordance with Federal, State and Local laws, our office is considered an essential business and we have implemented guidelines from the CDC to mitigate risk and improve safety for our clients, patients, and employees.

You acknowledge that you do not and have not had any symptoms including but not limited to

- Fever
- cough
- shortness of breath
- Loss of smell or taste

You acknowledge that you have not been in contact with anyone who tested positive for COVID-19 in the past 14 days. You acknowledge that you will tell us of any travels or expected travels. You acknowledge that you will alert us should you test positive for COVID-19.

You are required to wear a mask or face covering at all times while in our office and our staff will also be wearing mask and eye protection as well as sanitizing all contact surfaces and washing hands between patients

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 care at ProFormance Therapy. I understand that the risk of becoming exposed to or infected by COVID-19 at ProFormance Therapy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ProFormance employees.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury (including 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 ProFormance Therapy. I hereby release, covenant not to sue, discharge, and hold harmless ProFormance Therapy, its employees, agents, representatives of and from the Claims, including all liabilities, claims, actions, damages, cost, or expenses of any kind arguing out of or relating thereto.

Signature of Patient

Date

Signature of Parent/Guardian

Date