

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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **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 federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

_____ (name of therapy provider or group), has put in place preventative measures to reduce the spread of COVID-19; however, the _____ (name of therapy provider or group) **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending in-person appointments with _____ (name of therapy provider or group) **could increase** your risk and your child(ren)'s risk of contacting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my child(ren) may be exposed to or infected by COVID-19 by attending in-person appointments with _____ (name of therapy provider or group) and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at _____ (name of therapy provider or group) may result from the actions, omissions, or negligence of myself and others, including, but not limited to _____ (name of therapy provider or group), their 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 and/or my child(ren) (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 attendance or my child(ren)'s attendance at in-person appointments with _____ (name of therapy provider or group). On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the _____ (name of therapy provider or group), its 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 the _____ (name of therapy provider or group), its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with _____ (name of therapy provider or group).

Name of Client

Signature of client/parent

Date