

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.

Access Acupuncture, PLLC (the "Practice") has put in place preventative measures to reduce the spread of COVID-19; however, the Practice cannot guarantee that you will not become infected with COVID-19 or that you are not already an asymptomatic carrier of COVID-19. Further, receiving services at the Practice 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 receiving services at the Practice 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 the Practice may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Practice owners and employees.

In consideration for being permitted to receive services at the Practice, 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 receiving services at the Practice. On my behalf, and on behalf of my heirs, executors, administrators, personal representatives, and assigns, I hereby release, covenant not to sue, discharge, and hold harmless the Practice, its employees, agents, and representatives, of and from any 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 Practice, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after receiving services at the Practice.

Signature of Patient/Parent/Guardian

Date

Print Name