

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Katie M Wyss LMSW, LLC adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the increased risk to myself that by participation in in-person therapy services instead of telehealth therapy with Katie M Wyss LMSW, LLC puts me at additional risk for COVID-19 at this time.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I did not, nor any member(s) of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
- I have not been, nor any member(s) of my household, diagnosed to be infected with COVID-19 virus within the last 30 days.
- I agree to adhere to all required COVID-19 screenings- including but not limited to sanitation procedures, temperature checks, and health questionnaires- and to wear a mask at all times while inside the building in which I receive services.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be at risk of contracting COVID-19 by electing in-person services.

- With full knowledge of the risks involved, I hereby release, waive, discharge Katie M Wyss LMSW, LLC, its providers, building associates, and other visitors from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

- I agree to indemnify, defend, and hold harmless Katie M Wyss LMSW, LLC from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

- By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.
This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Client Name: _____

Parent/Guardian Name (if applicable): _____

Signature: _____

Date Signed: _____