



## 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 LA Speech Pathology Services, Inc (the "Organization") adheres to comply.
- LA Speech Pathology Services, Inc will comply with all local, county, state, and federal laws and regulations concerning safe operating practices concerning Covid-19.

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

I am aware of the risk of myself and my child participating in activities that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. I agree to not participate in therapy services if any member(s) in our household experiences symptoms that 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 agree to not participate in therapy services if any members(s) in our household traveled by sea or by air within the past 14 days. I agree to notify the Organization if any member(s) in our household are diagnosed or test positive for COVID-19 virus within 14 days of an appointment.

- Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own and my child's safety and actions, while and during my participation and I recognize that I or my child may be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its owners, officers, independent contractors, affiliates, employees, representatives, successors, and assigns 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 or my child 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 the Organization 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, am the legal guardian of the child 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



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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.

Child's Name:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Child's Date of Birth:

\_\_\_\_\_

Parent/Gaurdian's Name:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email:

\_\_\_\_\_

Parent/Caregiver Signature:

Date Signed:

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