



Assumption of Risk and Waiver of Liability for 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. It is a potentially deadly disease that can result in death or permanent injury. 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.

KnotFree Living, LLC offers telemental health treatment options to help prevent the spread of COVID-19. KnotFree Living, LLC has also put in place preventative measures in its place to reduce the spread of COVID-19. However, the KnotFree Living, LLC cannot guarantee that you or your child(ren)/guardian(s) will not become infected with COVID-19. Further, attending in-person appointments with your counselor could increase your risk and your child(ren)'s/guardian's or guardians' risk of contracting COVID-19.

By signing this agreement, you understand and agree to the following:

1. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my child(ren)/guardian(s) may be exposed to or infected by COVID-19 by attending in-person appointments with my counselor at KnotFree Living, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
2. I understand that elemental health treatment options are available through KnotFree Living, LLC and I have voluntarily declined to use those services and have opted for an in-person appointment.
3. I understand that the risk of becoming exposed to or infected by COVID-19 at KnotFree Living, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to KnotFree Living, LLC, their contractors, their employees, volunteers, and other participants and their families.
4. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren)/guardian(s) (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)/guardian(s) may experience or incur in connection with my attendance or my child(ren)'s/guardian's or guardians' attendance at in-person appointments at KnotFree Living, LLC.
5. On my behalf and/or on behalf of my child(ren) or guardian(s), I hereby release, covenant not to sue, discharge, and hold harmless KnotFree Living, LLC, its contractors, 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.



6. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of KnotFree Living, LLC, its contractors, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments at KnotFree Living, LLC.

Printed Name of Patient

Patient Date of Birth (MM/DD/YYYY)

Signature of Patient/Parent or Guardian

Date Signed

If Parent or Guardian, Print Name

If Parent or Guardian, Relationship to Patient