

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.

TOTAL SPORTS THERAPY ("TST") has put in place preventative measures to reduce the spread of COVID-19 including, but not limited to: thorough cleaning of the facility, temperature checks, and required masks of any individuals in the clinic. However, TST cannot guarantee that you will not become infected with 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 attending TST 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 TST may result from the actions, omissions, or negligence of me and others, including, but not limited to, TST employees, volunteers, and patients and their families.

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 my attendance at TST ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless TST, its employees, agents, and representatives, of and from 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 TST, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any services at TST.

Signature of Patient

Date

Print Name of Patient