

**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 infected with COVID-19. Further, attending in-person appointments many locations, prohibited the congregation of groups of people.

Your Journey To Finding Peace, LLC and Its staff have put in place preventative measures to reduce the spread of COVID-19; however, we **cannot guarantee** that you or your child(ren) will not become with infected. In office visits at Your Journey To Finding Peace, LLC **could increase** your risk and your child(ren)'s risk of contacting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my child(ren) may be exposed to or infected by COVID-19 by attending in-person appointments with your therapist 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 office of

Your Journey To Finding Peace, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to Your Journey To Finding Peace, LLC their employees, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or my child(ren) (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) may experience or incur in connection with my attendance or my child(ren)'s attendance at in-person appointments with My therapist. On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Your Journey To Finding Peace, LLC, 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. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of __, employees, agents, and representative of Your Journey To Finding Peace, LLC entatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with my therapist.

Name of Client

Signature of client/parent

Date