

## 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. Hill Country Healing Haven, PLLC ("the Clinic") and Jennifer Rachelle DeMichele MSOM, L.Ac. ("the provider") have put in place preventative measures to reduce the spread of COVID-19; however, the Clinic and provider cannot guarantee that you will not become infected with COVID-19. Further, attending the Clinic could increase your risk of contracting 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 the Clinic 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 Clinic may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other patients or employees at the Clinic or in the building. 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 visiting or treatment at the Clinic. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Clinic, the provider, 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 the Clinic, the provider, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after a visit to the Clinic.

By signing below, I am also confirming the following statements are true:

- I have NOT tested positive for COVID-19 or had unprotected exposure to a person with a suspected or lab-confirmed case of COVID-19 within the past 14 days.
- I have NOT had a fever of over 100.4°F/38°C in the last 72 hours.
- I have NOT had symptoms of respiratory illness (fever, sore throat, cough, shortness of breath, etc), a loss of smell or taste, or other symptoms associated with COVID-19 in the last 72 hours.

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Signature

Date

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Printed name