

**Changes For Life Inc Inc and Professional Care Physical Therapy COVID-19 Liability Waiver**

Date \_\_\_\_\_

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

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Changes For Life Inc and Professional Care Physical Therapy has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Changes For Life Inc and Professional Care Physical Therapy can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other clients/participants.

I voluntarily seek services provided by Changes For Life Inc and Professional Care Physical Therapy and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

\* I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days.

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Changes For Life Inc Inc. and Professional Care Physical Therapy harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the facility, or that may otherwise arise in any way in connection with any services received from Changes For Life Inc and Professional Care Physical Therapy. I understand that this release discharges Changes For Life Inc and Professional Care Physical Therapy from any liability or claim that I, my heirs, or any personal representatives may have against the facility with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Changes For Life Inc and Professional Care Physical Therapy. This liability waiver and release extends to the facility together with all owners, partners, and employees.

X

X

Participant

Witness