



## Covid-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Inspire Therapeutic Services, LLC and Dr. Ednalice Pagan-Romney adheres to comply. COVID-19 is very contagious and as a result federal, state and local governments recommend social distancing of 6 feet or more.

Inspire Therapeutic Services, LLC has put into place preventative measures to help reduce the spread of COVID-19 such as requiring face masks for the therapist and client(s), requiring frequent hand washing, requiring the use of hand sanitizer or hand washing of all clients upon entrance into the suite, frequent clearing of the offices, and social distancing.

Although, Inspire Therapeutic Services, LLC is taking preventative measures to help reduce the spread of Covid-19, Inspire Therapeutic Services, LLC cannot guarantee that you will not become infected with Covid-19 due to its highly contagious nature. The risk of contracting Covid-19 may be increased while participating in in-person sessions.

I agree to hold harmless Inspire Therapeutic Services, LLC and Dr. Ednalice Pagan-Romney from and against any and all costs, expenses, damages, lawsuits and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to Covid-19.

In consideration with my participation in in-person sessions, I acknowledge the following:

I have not experienced symptoms that of fever, fatigue, difficulty breathing or respiratory symptoms or exhibiting any other symptoms relating to Covid-19 in the last 14 days.

I have not, nor any member(s) of my household, traveled by sea or air, internationally within the past 30 days.

I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by Covid-19, in the last 30 days.

I have not been, nor any member(s) of my household, diagnosed to be infected of Covid-19 virus within the last 30 days.

By signing below, I acknowledge I am fully and personally responsible for my own safety and actions while and during my participation in in-person sessions and I recognize that I may be in any case at risk of contracting Covid-19. With full knowledge of the risks involved, I hereby release, waive, discharge Inspire Therapeutic Services, LLC and Dr. Ednalice Pagan-Romney from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to Covid-19 while participating in session or any activity while in, on or around the premises or while using the facilities that may lead to unintentional exposure or harm due to Covid-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least 18 years of age and fully competent to give consent; That I have been sufficiently informed of the risks involved and give my voluntary consent by signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

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Patient Signature

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Date