

**Sexual Assault Services
COVID-19 Liability Waiver**

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

I further acknowledge that Sexual Assault Services/Focus on Community has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Sexual Assault Services/Focus on Community cannot 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, volunteers and other clients and their families.

I voluntarily seek services provided by Sexual Assault Services/Focus on Community 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 nor anyone in my household has experienced any symptom 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 in the last 21 days.
- I nor anyone in my household has been diagnosed with Coronavirus/COVID-19
 - If I or someone in my household has been diagnosed with Coronavirus/COVID-19 they have been cleared as non-contagious by state or local public health authorities
- I nor anyone in my household has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- I nor anyone in my household has traveled in the U.S. or on a cruise ship in the past 21 days
If yes explain: _____
- I nor anyone in my household is a health care provider or emergency responder
If yes explain: _____
- I nor anyone in my household has visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days
If yes explain: _____

I hereby release and agree to hold Sexual Assault Services/Focus On Community 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 agency, or that may otherwise arise in any way in connection with any services received from Sexual Assault Services/Focus on Community.

I understand that this release discharges Sexual Assault Services/Focus on Community from any liability or claim that I, my heirs, or any personal representatives may have against the agency 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 Sexual Assault Services/Focus on Community. This liability waiver and release extends to the agency together with all owners, partners, and employees.

Signature

Date

Signature of Representative if customer is
unable to sign

Date