

**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.

Cecilia Hamill (*Total Tranquility Therapy*), has put in place preventative measures to reduce the spread of COVID-19; however, the Cecilia Hamill (*Total Tranquility Therapy*) **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending in-person appointments with Cecilia Hamill (*Total Tranquility Therapy*) **could increase** your risk and your child(ren)'s risk of contacting COVID-19.

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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 Cecilia Hamill (*Total Tranquility Therapy*) 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 Cecilia Hamill (*Total Tranquility Therapy*) may result from the actions, omissions, or negligence of myself and others, including, but not limited to Cecilia Hamill (*Total Tranquility Therapy*), 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 Cecilia Hamill (*Total Tranquility Therapy*). On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Cecilia Hamill (*Total Tranquility Therapy*), 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 Cecilia Hamill (*Total Tranquility Therapy*), its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with Cecilia Hamill (*Total Tranquility Therapy*).

Name of Client

Signature of client/parent

Date