



**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

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 at The Academy of Physical and Social Development, Inc. (The Academy). I understand that despite the best efforts that could be taken by The Academy, due to the contagious nature of COVID-19, The Academy has no duty and could not fulfill any duty to ensure that there is no risk of COVID-19 exposure to me and/or my child(ren). I also understand that the risk of becoming exposed to or infected by COVID-19 at The Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to The Academy, their employees, volunteers, and other participants and their families.

By signing this agreement, I agree that I will take the precautions required by The Academy, the CDC and/or state or local authorities when I and/or my child(ren) are on premises at The Academy. Currently, those include, but are not limited to (“you” applies to both you and your child(ren) attending an appointment at The Academy):

- You will wait outside the building until no earlier than 5 minutes before our appointment time.
- You will enter the premises of The Academy only if you are symptom free.
- Upon your arrival at The Academy, the Academy will take your temperature. If it is elevated (100 Fahrenheit or more), or if you have other symptoms of COVID-19, you will be asked to leave the building and your appointment will be cancelled.
- You will wash your hands or use hand sanitizer when you enter the building.
- You will wear a mask in all areas of the building (The Academy employees will as well).
- You will follow the guidance and posted requirements at The Academy as far as maintaining distance from others where possible.

As a condition of and in exchange for the services provided by The Academy to me and/or my child(ren), 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, 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 at The Academy). On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless The Academy, 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 Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments at The Academy.

This agreement is in addition to, not in place of, previous agreements.

Name of Client / Child

Signature of Client/Parent

Date