



## 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, the government has set recommendations and guidelines in which Bridges Counseling has adhered to the best of its ability. While our offices are not open full-time to the public, clients may be seen on a case by case basis and with the following protocols in place:

- Client must remain in their car until a phone call or text is received inviting them into the building.
- A mask must be worn into the building, during sessions, and upon exiting the building.
- Use of provided hand sanitizer is required before and after appointments.
- A Health Screening Questionnaire is performed before EACH session.
- A temperature reading of the forehead is taken via contactless thermometer before EACH session.  
*(a reading above 100.4 degrees will preclude client from treatment)*
- **This waiver must be signed, valid throughout the duration of treatment.**

The undersigned acknowledges and agrees to the following:

- I am aware of the existence of the risk to my personal health due to my participation in face-to-face, in-person counseling that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.*
- I am fully and personally responsible for my own safety and actions while at Bridges Counseling and I agree to act in a responsible manner to anyone I may encounter while on building grounds.*
- With full knowledge of the risks involved, I hereby release, waive, discharge Bridges Counseling, its Owner, and independent contractors, 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 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.*
- I agree to indemnify, defend, and hold harmless the Organization 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.*

**By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in 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.**

**(CLIENT NAME IF MINOR):** \_\_\_\_\_

**PRINTED Full Name** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.