

All Inclusive Counseling, Inc.
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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic, **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 to congregation of groups of people.

All Inclusive Counseling, Inc. has put in place preventative measures to reduce the spread of COVID-19; however, All Inclusive Counseling, Inc. **cannot guarantee** that you, your child(ren), your loved ones, or others you come into contact with will not become infected with COVID-19. Further, attending in-person appointments with All Inclusive Counseling, Inc. **could increase** your risk, your child(ren)'s risk, your loved one's risk or others risk of contracting 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), loved ones, or others may be exposed to or infected by COVID-19 by attending in-person appointments with All Inclusive Counseling, Inc., 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 All Inclusive Counseling, Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to All Inclusive Counseling, Inc., as well as other resident providers, their patients, employees, agents, and representatives, at/in All Inclusive Counseling, Inc.

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, illness, permanent 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 All Inclusive Counseling, Inc. On my behalf and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless All Inclusive Counseling, Inc., 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 All Inclusive Counseling, Inc., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments with All Inclusive Counseling, Inc.

Patient Name: _____ Date: _____

Patient/Parent/Responsible Party Signature: _____