

# **Pandemic Acknowledgement and Waiver for Clients**

This document serves as an acknowledgement and waiver related to the risks associated with communicable diseases, including but not limited to COVID-19 ("Pandemic Disease"), for clients receiving services at this location.

## **Acknowledgement of Risk**

I acknowledge and understand that:

- Pandemic Disease is highly contagious and may be contracted from various sources.
- Despite precautions, receiving services at this facility may expose me to the risk of contracting a Pandemic Disease.
- I have evaluated such risks and agree to proceed with services at my own risk.

## **Health Declaration**

By signing below, I confirm that:

- I am not currently experiencing symptoms of Pandemic Disease (such as fever, cough, shortness of breath).
- I have not, within the past 14 days, knowingly been in close contact with anyone who has tested positive for a Pandemic Disease.
- I will immediately inform the provider if my health status changes prior to the appointment.

## **Waiver of Liability**

I hereby release and hold harmless the service provider, its employees, and agents from all liability for any injury, illness, loss, or damage incurred as a result of receiving services, including potential exposure to Pandemic Disease.

## **Agreement**

I have read and understood the information above. I agree to abide by all facility policies and procedures aimed at preventing the spread of Pandemic Disease.

Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_