

. COVID-19 Liability Waiver

Name: _____ Date: _____

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that Your Inner Pathways Counseling, PLLC cannot guarantee that I will not become infected with the Coronavirus/Covid-19.
- I voluntarily seek services provided by Your Inner Pathways Counseling, PLLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 by seeking services in person. I acknowledge that I must comply with all set procedures to reduce the spread while seeking these services.
- Upon my appointment arrival today and during future appointments I attest that:
 - * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - * I have not traveled internationally within the last 14 days.
 - * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
 - * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
 - * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- If this changes for future appointments I will inform Your Inner Pathways Counseling, PLLC ahead of time and cancel in person appointment.

I hereby release and agree to hold Your Inner Pathways Counseling, PLLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Your Inner Pathways Counseling, PLLC, or that may otherwise arise in any way in connection with any services received from Your Inner Pathways Counseling, PLLC. I understand that this release discharges Your Inner Pathways Counseling, PLLC from any liability or claim that I, my heirs, or any personal representatives may have against Your Inner Pathways Counseling, PLLC with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Your Inner Pathways Counseling, PLLC. This liability waiver and release extends to Your Inner Pathways Counseling, PLLC together with all owners, members and employees.

- Signature: _____
- Date: _____