## COVID-19 Liability Release Waiver

## Signature Required Prior to Every Appointment

First Name
Last Name
Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), DeFrancisco and Associates, LLC is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the CDC.
Symptoms of COVID-19 include but are not limited to:
Fever Fatigue Dry cough Difficulty Breathing

## I AGREE TO THE FOLLOWING:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.

I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 30 DAYS.

I understand that DeFrancisco and Associates, LLC and my Therapist cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

DeFrancisco and Associates, LLC is following these enhanced procedures to prevent the spread of COVID-19:

Additional time included between appointments to prevent client contact with each other Guests accompanying those scheduled for services discouraged Each client required to sanitize or wash hands upon arrival and before leaving Your Therapist will thoroughly clean hands before and after each session Your Therapist will wear a face mask during each session All surfaces will be wiped thoroughly with disinfectant before and after each client

By signing below, I agree to each statement above and release DeFrancisco and Associates, LLC and my Therapist from any and all liability for the unintentional exposure or harm due to COVID-19.

Signature			
J			
Date		 	