



COVID-19 Assumption of Risk and Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 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 the congregation of groups of people.

Tabor Sun Chiropractic dba Holistic Health Clinic (HHC) has put in place preventative measures to reduce the spread of COVID-19; however, HHC **cannot guarantee** that you or anyone accompanying **you will not become infected with COVID-19**. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending HHC and that such exposure of 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 HHC may result from the actions, omission, or negligence of myself and others, including, but not limited to, Holistic Health Clinic employees, providers, other patients and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and if applicable, those accompanying me. This risk is included but is not limited to: personal injury, disability, illness, damage, loss, liability or expense of any kind that I/we may experience or incur in connection with my attendance at Holistic Health Clinic. On my behalf, and on the behalf of my children, I hereby release covenant and promise not sue, discharge or file claim against any of Holistic Health Clinic's staff, agents or representatives relating to the novel coronavirus. I understand and agree that this release includes any claims based on the actions, omission, or negligence of HHC staff, agents and representatives whether a COVID-19 infection occurs before, during or after participation in any interaction.

Signature of Patient or Guardian of Patient under the age of 18

Date
