



**SOUTH BURLINGTON
PHYSICAL THERAPY**
FOR THE LIFESTYLE ATHLETE

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

To proceed with participation in physical therapy, individual services, dry needling, or any service provided at The Lifestyle Athlete PLC, I confirm, agree, and understand the following:

- I understand the novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and may be contracted by various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
- **I confirm I am NOT currently experiencing any of the following symptoms of COVID-19 and understand I cannot enter the premise if the symptoms listed should present themselves now or in the future:** * Fever * Cough * Shortness of breath or difficulty breathing * Chills * Repeated shaking with chills * Headache * Sore throat * Loss of taste or smell
- **I understand and agree that if I test positive for COVID-19, or have been in the presence of someone that tested positive for COVID-19, I will make the staff of The Lifestyle Athlete PLC aware immediately.**
- The Lifestyle Athlete PLC has out in place preventative measures to reduce the spread of COVID-19; however, I understand The Lifestyle Athlete PLC cannot guarantee I, or my family, will not become infected with COVID-19.
- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk presented by attending this The Lifestyle Athlete PLC facility and that such exposure or infection may result.
- I further understand that the risk of becoming exposed to, or infected by COVID-19 at this The Lifestyle Athlete PLC facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to; The Lifestyle Athlete PLC, its officers, owners, employees, or patients and their families.
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness, injury, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my attendance at this The Lifestyle Athlete PLC facility.
- On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge and hold harmless The Lifestyle Athlete PLC, its owners, employees, patients and their families from all liabilities, claims, actions, damages, and costs or expenses of any kind.
- I understand and agree that this release includes any claims based on the actions, omissions, or negligence of The Lifestyle Athlete PLC, its owners, employees, or patients, whether a COVID-19 infection occurs before, during, or after participation in any The Lifestyle Athlete PLC program or service.

By signing this document, I confirm, understand, and agree to all terms listed above.

Signature of patient, parent, or legal guardian

Today's Date