

Patient/Client Name _____

Best phone number _____

Supplemental Informed Consent

Thank you for your continued trust in our practice (Therapy n Motions). As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as the "Coronavirus" at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so. Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. "Social distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patients/clients and the practitioners at all times.

Please circle yes or no to the following questions

Have you, or other people that you have been in contact with, or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes No

If yes, when?

Have you been experiencing any of the following symptoms?

A cough? Yes No

Fever? Yes No

Shortness of breath and/or trouble breathing? Yes No

Persistent pain or pressure or tightness in the chest? Yes No

Loss of taste? Yes No

Do you understand that if the answer to any of the above questions is "yes", the appointment will be rescheduled?

Yes No

Do you confirm that the above information is true?

Yes No

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Therapy n Motions, cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing Therapy n Motions’s services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Therapy n Motions’s services and/or enter onto Therapy n Motions’s premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize Therapy n Motions’s services and enter Therapy n Motions’s premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Therapy n Motions’s services and premises in person [if applicable: “rather than arranging for an alternative method of enjoying the same services virtually (e.g. videoconference)].

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Therapy n Motions’s and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Therapy n Motions’s services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Texas will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Name (printed): _____ Signature: _____ Date _____

Name (printed): _____ I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Name (printed): _____ Signature: _____ Date _____