



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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. Therefore, in the best interests of all our patients and staff, Art of Motion Physical Therapy LLC has put in place the following policies and procedures to minimize the risk of contracting and spreading the virus:

- We will minimize, to the extent possible, the number of people in our office at the same time. Therefore, we ask that you not bring anyone with you to wait in our lobby during your therapy appointments. We may make exceptions to this rule on a case by case basis.
- You will be required to answer questions about your potential exposure to COVID-19 before treatment begins.
- We will take the temperature of each patient who enters our clinic before each treatment is initiated. If you have a temperature of 100.4 or higher, we will send you home and recommend you obtain a COVID-19 test.
- We will disinfect all surfaces touched before and after each patient.
- Since social distancing is not usually possible during physical therapy treatment, you and your therapist will be required to use a mask during all treatment interventions that occur within 6 feet. You understand that wearing a mask is for the protection of others, it does not fully protect you.
- You must agree to notify us immediately if you discover you have been exposed to the virus whether you have been tested or not.

Please understand that despite taking all CDC recommended precautions, the virus can be spread by asymptomatic people. Therefore, no business can guarantee their environment will always be virus-free. By attending therapy, you acknowledge acceptance of the risk of exposure to COVID-19 and agree to waive any and all liability claims against Art of Motion Physical Therapy LLC, it's owners, employees, contractors, sublessees and patients/visitors. Please sign below indicating your acceptance of the risks. If you do not agree to accept the risks, do not schedule therapy appointments.

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 therapy and that such exposure or 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 Art of Motion Physical Therapy LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Art of Motion Physical Therapy LLC employees, contractors, sublessees, other patients/clients and clinic visitors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind ("Claims"), that I may experience or incur in connection with my participation in therapy. I hereby release, covenant not to sue, discharge, and hold harmless Art of Motion Physical Therapy LLC, its owners, employees, contractors, sublessees, patients/clients and clinic visitors, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this Agreement includes any Claims based on the actions, omissions, or negligence of Art of Motion Physical Therapy LLC, its owners, employees, contractors, sublessees, patients/clients and clinic visitors, whether a COVID-19 infection occurs before, during, or after participation in any therapy program. I understand and agree that the laws of the State of Virginia will apply to this Agreement.

Signature of Patient

Date

Print Name

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.

Signature of Parent or Guardian