

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

Name \_\_\_\_\_ (Please Print)      DATE: \_\_\_\_\_

Child Participant Name \_\_\_\_\_ (Please Print)

**Premises: Structure and Acupuncture LLC 1418 Luisa St 4A Santa Fe, NM 87505**

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.

Structure and Acupuncture LLC ("Company") has put in place preventative measures to reduce the spread of COVID-19; however, Company cannot guarantee that you will not become infected with COVID-19 while utilizing the services or while on the Premises.

IN CONSIDERATION for my utilizing the services and being on or about the premises and/or same for minor listed above, the undersigned ("I/Me") and/or minor hereby acknowledges, agrees and represents the following:

I have inspected the premises and I accept the premises as safe and reasonably suited for the Services I will be utilizing during my appointment(s) with Company ("Services").

I acknowledge and understand the contagious nature of COVID-19 and voluntarily assume the risk that minor and/or I may be exposed to or infected by COVID-19 while on the Premises or utilizing the Services 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Company employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to minor and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or minor may experience or incur in connection with my presence on the premises or utilizing the services ("Claims"). On my behalf, and /or on behalf of minor, I hereby release, covenant not to sue, discharge, and hold harmless the Company, its employees, agents, and representatives, 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 release includes any Claims based on the actions, omissions, or negligence of the Company, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Services.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK AND WIAVER OF LIABILITY AGREEMENT AND AGREED TO ITS TERMS AND UNDERSTAND THAT BY SIGNING BELOW I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM COMPANY.

**PATIENT SIGNATURE:** \_\_\_\_\_

(OR PATIENT REPRESENTATIVE, PLEASE INDICATE RELATIONSHIP TO PATIENT)