

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, Total Motion Therapies, 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.
- The temperature of each patient who enters our clinic will be taken before each treatment is initiated. If you have a temperature of 100.0 degrees or higher, we will send you home and recommend you obtain a COVID-19 test.
- We will disinfect all surfaces touched in the treatment room before and after each patient including, but not limited to, the treatment table, patient chair, countertop, door handles and the hanging hook. Hand sanitizer is available.
- Since social distancing is not usually possible during physical therapy treatment, your therapist will use a mask during all treatment interventions that occur within 6 feet. It is HIGHLY RECOMMENDED that you wear a mask while receiving treatment. You understand that wearing a mask is also for the protection of others and does NOT fully protect you.
- You must agree to notify us immediately if you discover you have been exposed 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 Total Motion Therapies, LLC, its 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 Total Motion Therapies, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Total Motion Therapies, 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 Total Motion Therapies, 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 Total Motion Therapies, 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 Wisconsin 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