



INSIDEOUT

HEALTH & WELLNESS

COVID-19 LEGAL WAIVER

The following waiver is understood and agreed to by the undersigned, in exchange for the opportunity to remain upon or within the premises of and/or receive services from Insideout Health & Wellness practitioners.

I acknowledge the contagious nature of the Coronavirus/Covid-19 and that the CDC and other public health individuals recommend social distancing. I further acknowledge that Insideout Health & Wellness has put in place protective measures to reduce the spread of the Coronavirus/Covid-19.

I acknowledge that Insideout Health & Wellness cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand the risk of being exposed to and/or infected by the Coronavirus/Covid-19 may result from the action, omissions, or negligence of myself and others, including but not limited to practitioners, staff, and other clients and their families. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

*I hereby release and agree to hold Insideout Health & Wellness harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Insideout Health & Wellness, or that may otherwise arise in any way in connection with any services received from Insideout Health & Wellness. I understand that this release discharges Insideout Health & Wellness from any liability or claim that I, my heirs, or any personal representative may have against Insideout Health & Wellness with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to , any services received from Insideout Health & Wellness. This liability waiver and release extends to Insideout Health & Wellness together with the owner, practitioners, employees and any other additionally insured persons.

Signature _____ Date _____