



## **COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement**

### **RELEASE AND WAIVER**

In choosing to participate in any and all therapy services, classes, open gym, and any and all related activities at 7 Senses Therapy, LLC, I as the parent/legal guardian of the aforementioned child and being 18 years of age or older, do hereby forever release, waive, discharge and covenant not to sue 7 Senses Therapy, LLC and it's past, current, and future owners, employees, members, volunteers, contractors, parents, affiliates, agents, successors, and assigns (collectively, "7 Senses Therapy") from any and all damages, injuries, losses, liability, claims, causes of action, litigation, or demands, including but not limited to those for personal injury, sickness, or death as well as property damages and expenses of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, in any way related to COVID-19 and in connection with the duration of my child and any services reeled thereto. I promise not to sue 7 Senses Therapy, LLC for any of the foregoing.

### **ASSUMPTION OF RISKS**

I understand that while 7 Senses Therapy, LLC has taken reasonable steps to lessen the risk of transmission of COVID-19 in connection with the therapy services, classes, open gym, and any and all activities for my child, 7 Senses Therapy, LLC is not responsible in any manner for any risks related to COVID-19 in connection with these therapy services, classes, open gym, and any and all related activities. I understand that the World Health organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that attendance at 7 Senses Therapy, LLC carries with it certain inherent risks related to COVID-19 transmission ("inherent risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily

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accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks.

This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement ("Agreement") shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by written agreement signed by both parties hereto or their duly authorized representatives. This Agreement may be executed, made and delivered electronically.

I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in the services offered by 7 Senses Therapy, LLC. I acknowledge I am giving up legal rights and/or remedies which may be available to me and / or my child.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

Print Name of Child: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_