



Modern Therapy LLC  
10 Village Pointe Drive Powell, OH 43065  
3040 Riverside Drive, Ste. 120, Columbus, 43221,  
Ph: (614) 329-8862 / admissions@moderntherapyohio.org / www.moderntherapyohio.com

## 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. 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.

Modern Therapy Ohio, has put into place preventative measures to reduce the spread of COVID-19, however, Modern Therapy Ohio **cannot guarantee** that you or your child(ren) will not be infected with COVID-19. Further, attending in-person appointments at Modern Therapy Ohio **could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or my child(ren) may be exposed to or infected by COVID-19 by attending in-person appointments at Modern Therapy Ohio and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Modern Therapy Ohio may result from the actions, omissions, or negligence of myself and others, including, but not limited to Modern Therapy Ohio, their employees, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or any child(ren) (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my attendance or my child(ren)'s attendance at in-person appointments at Modern Therapy Ohio. On behalf of myself and/or on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and to hold harmless anyone at Modern Therapy Ohio, including 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 at Modern Therapy Ohio, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any in-person appointments at Modern Therapy Ohio.

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Name of Client

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Signature of client/parent

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Date