

 <p>Synergy Wellness Center</p>	COVID-19 Liability Waiver
	For all Patients, Clients, Students

As you are probably aware, Coronavirus COVID-19 is a highly contagious virus that is spread from direct contact with any object and is also transmissible through the air from an infected person. By leaving your house you may have already been in contact with this contagious disease. **The COVID-19 virus is easily spread and can cause permanent lung problems and even death.**

High Risk patients are recommended to stay at home at this time; however there are daily activities that are essential to your health and well-being. We highly recommend high risk patients avoid leaving your home unless necessary.

Healthcare services that may be essential for your health. At this time, we are committing our services to treat patients in pain and have taken extra precautions to minimize the spread of COVID-19. Feel free to ask for a copy of our Safety Procedure Guidelines which we can email you. The best general guidance will continue to come from the [Centers for Disease Control and Prevention](#), and the [World Health Organization](#).

WARNING SIGNS / SYMPTOMS OF COVID-19

- **FEVER**
- **COUGH**
- **TIREDNESS**
- **DIFFICULTY BREATHING**

HIGH RISK PATIENTS

- **OVER 60 YEARS OLD**
- **DIABETIC**
- **HEART DISEASE**
- **HIGH BLOOD PRESSURE**
- **ASTHMA & OTHER PULMONARY CONDITIONS**
- **UNDERGOING CHEMOTHERAPY**
- **IMMUNOCOMPROMISED**

I further acknowledge that I am voluntarily participating in any services or activities at Synergy Wellness Center LLC with the full knowledge and understanding that said activities are taking place during the COVID-19 pandemic. I understand that while Synergy Wellness Center LLC and its employees and contractors will abide by all local, state, and federal government laws and guidelines, as well as CDC guidelines, in an attempt to keep employees and guests safe, that I assume ALL risks associated with participation in said activities during said pandemic, including but not limited to: any

illness and any adverse physical and/or psychological effects from the same and/or loss of any income or other monetary loss incurred as a result of the effects of said illness and/or costs incurred in the treatment of the same. I accept full and total responsibility for my own health and agree to release, hold harmless, and indemnify, to the extent permitted by the law, Synergy Wellness Center LLC, its employees and contractors from any liability for any illness, injury, loss or damages I may incur as a result of contracting COVID-19 as a result of engaging in said above referenced activities.

By signing this form, I acknowledge that I may contract COVID-19 anywhere including this facility, and I hold all the Synergy Wellness Center healthcare providers and staff harmless for any health-related conditions that may come from Coronavirus COVID-19.

Visitor Name (PRINT): _____ **Signature:** _____ **Date:** _____

Witness Name (PRINT): _____ **Signature:** _____ **Date:** _____