

Lincoln Pastoral Counseling Services

COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Lincoln Pastoral Counseling Services (LPCS) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that LPCS cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, agency staff, and other agency clients and their families.

I voluntarily seek services provided by LPCS and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

*If my Coronavirus/COVID-19 status changes I agree to notify my therapist immediately.

I hereby release and agree to hold LPCS 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 the agency, or that may otherwise arise in any way in connection with any services received from LPCS. I understand that this release discharges LPCS from any liability or claim that I, my heirs, or any personal representatives may have against the agency with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from LPCS. This liability waiver and release extends to the agency together with all owners/directors, contractors, and employees.

Name printed

Signature

Date