

COVID-19 Liability Waiver
Making Changes NJ LLC & Joann Castiglia Whitmore LLC

Client Name: _____

DOB: _____

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 Making Changes NJ LLC (MCNJ) and Joann Castiglia Whitmore LLC (JW) have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that MCNJ and/or JW can not guarantee that my child 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 MCNJ and/or JW personnel, including, but not limited to, staff, and other clients and their families.

I voluntarily seek services provided by MCNJ and/or JW and acknowledge that I may be increasing my child's/family's risk to exposure to the Coronavirus/COVID-19. I acknowledge that my child must comply with all set procedures to reduce the spread while my child is attending his/her session.

I further attest that if any of the following are not true (false), my child will not attend session:

- * My family members are 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.
- * My family members have not traveled internationally within the last 14 days.
- * My family members have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * None of my family member have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * My family has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- * My family is following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold MCNJ and JW 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 agencies, or that may otherwise arise in any way in connection with any services received from MCNJ or JW. I understand that this release discharges MCNJ and JW from any liability or claim that we, our heirs, or any personal representatives may have against the agencies 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 MCNJ and/or JW. This liability waiver and release extends to the agency together with all owners, partners, and employees.

Signature of Guardian

Date