**Client Liability Waiver**

We all know that these are uncertain times. The risk of contracting COVID‑19/Coronavirus is still present and there is difficulty in scientifically determining whether anyone has the virus at any moment in time. By signing below you agree to accept all responsibility for the risk that you may contract COVID‑19/Coronavirus. Although we are taking your safety and that of our staff very seriously by employing new safety and sanitation initiatives, we cannot guarantee that any of these measures will completely protect you from contracting COVID‑19/Coronavirus.

**By signing this waiver, I acknowledge:**

The contagious nature of the COVID‑19/Coronavirus and that public health authorities still recommend practicing social distancing and frequent hand sanitization.

That Dr. Teresa Sztaba and Associates has put in place preventative measures to reduce the spread of the COVID‑19/Coronavirus among both clients and staff. Further, that I must comply fully with these preventive measures while attending my appointment.

That I am voluntarily seeking the services provided by Dr. Teresa Sztaba and Associates and, in so doing, I am increasing my risk to exposure to the COVID‑19/Coronavirus.

That Dr. Teresa Sztaba and Associates cannot guarantee that I will not become infected with the COVID‑19/Coronavirus. I understand that the risk of becoming exposed to and/or infected by the COVID‑19/Coronavirus may result from the actions, omissions, or negligence of myself and others, including but not limited to, staff and other clients and their families.

**By signing this waiver, I attest that:**

I am not experiencing any symptoms 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 have not traveled outside of Manitoba within the last 14 days or have been in close contact with someone who has traveled outside of Manitoba in the last 14 days.

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

If I have ever been diagnosed with COVID‑19/Coronavirus, I have been cleared as non‑contagious by public health authorities.

I am following public health guidelines regarding social distancing and hand sanitization as much as possible and limiting my exposure to potential sources of COVID‑19/Coronavirus.

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**Your Confidentiality in the Case of Infection:**

If you, a staff member with whom you have had close contact, or another Dr. Teresa Sztaba and Associates client with whom you have had close contact in the course of an appointment test positive for the COVID-19/Coronavirus, we may be required to notify local health authorities that you have been in the office. If we must report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for our visits. By signing this form, you are agreeing that we may do so without an additional signed release.

I hereby release and agree to hold Dr. Teresa Sztaba and Associates harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all COVID-19/Coronavirus-related 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 Dr. Teresa Sztaba and Associates, or that may otherwise arise in any way in connection with any services received from Dr. Teresa Sztaba and Associates. I understand that this release discharges Dr. Teresa Sztaba and Associates from any liability or claim that I, my heirs, or any personal representatives may have against the our office 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 Dr. Sztaba and Associates.

Signature of Client Date (mm/dd/yyyy)

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