

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. I, Sara Pezeshkpour, AMFT (#146409), supervised by Rebecca Kahane, LMFT (#37382), have put in place preventative measures to reduce the spread of COVID-19; however, I cannot guarantee that you will not become infected with COVID-19. Further, attending your psychotherapy session could increase your risk and a risk to your family of contracting COVID-19.

.....

By signing this agreement, I, _____ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending my psychotherapy session and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while attending my session may result from the actions, omissions, or negligence of myself and others, including, but not limited to other therapists and clients. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance in appointment based sessions at the office of Sara Pezeshkpour, AMFT (#146409), supervised by Rebecca Kahane, LMFT (#37382).

I voluntarily agree to forgo participation and attendance in person if I have any of the following confirmed COVID-19 symptoms: • Cough • Shortness of breath or difficulty breathing • Fever • Chills • Muscle pain • Sore throat • New loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. I voluntarily agree to notify and inform Sara Pezeshkpour, AMFT (#146409) if I have tested positive for COVID-19 before or after attending my session. I acknowledge that my identity will remain confidential after providing notice of a positive COVID-19 test.

As part of my commitment to limit the spread of COVID-19, I agree to voluntarily submit to a temperature check upon entering the office. If an elevated temperature is indicated, I agree to leave the premises immediately. I will not be held financially responsible for the missed session. Sara Pezeshkpour, AMFT (#146409) also agrees to do daily temperature checks to protect her clients. Upon detection of any COVID-19 related symptoms, Sara Pezeshkpour, AMFT (#146409) will immediately notify me to cancel and reschedule my appointment.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Sara Pezeshkpour, AMFT (#146409), supervised by Rebecca Kahane, LMFT (#37382), and her trustees or agents in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Sara Pezeshkpour, AMFT (#146409)'s, services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of

Sara Pezeshkpour
Associate Marriage & Family Therapist, #146409
Supervised by Rebecca G. Kahane, Licensed Marriage & Family Therapist, #37382

negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (Printed): _____

Signature: _____ Date: _____

Name (Printed): _____

Sara Pezeshkpour

Associate Marriage & Family Therapist, #146409

Supervised by Rebecca G. Kahane, Licensed Marriage & Family Therapist, #37382

139 Richmond St.
El Segundo, CA 90245

sara@sarapeztherapy.com
sarapeztherapy.com