



Ability Occupational Therapy Services, LLC
4325 Laurel Street, Suite 102 • Anchorage, AK 99508-5338
Phone (907) 569-5660 Fax (855) 449.4489

Release and Waiver for On-Site Services (COVID-19)

Patient Name: _____

DOB: _____

I voluntarily choose to have my child participate in the occupational therapy service(s) provided by Ability Occupational Therapy Services, LLC. and In exchange for receiving these services, I agree to the following:

1. Voluntary Participation. I acknowledge that I am giving permission for my child to participate in voluntarily, in-person services at the practice location of the Service Provider, and I recognize that participating in these on-site services may contain certain inherent risks due to the global COVID-19 situation. I am also aware that if at any time I become uncomfortable with continuing services on-site, that I may voluntarily decline to have my child participate. I understand that it is my right to discontinue participation and/or inform the Service Provider that I wish to discontinue on-site services at any time, as well as request an alternative mode of service delivery (if available).
2. Assumption of Risk of Exposure to COVID-19. By engaging in these services, I am aware that I agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses or other illnesses, diseases, or conditions, including but not limited to the coronavirus known as COVID-19. COVID-19 is primarily transmitted via exhaled respiratory droplets, most often through coughing, sneezing and breathing in proximity of another person. These droplets can travel up to more than six feet and are more commonly transmitted between persons rather than from equipment to persons. Although the Service Provider is making a good faith effort to comply with state laws, health mandates and executive orders by the municipality and governor, federal laws, local laws, and CDC guidelines regarding cleaning, disinfecting and practices which reduce the potential for exposure to COVID-19, I understand that I and my child may be exposed to COVID-19 or its symptoms through no fault of the Service Provider's. Known coronavirus symptoms include fever, coughing, shortness of breath, pneumonia, kidney failure, and may include additional or other symptoms, stroke or even death (collectively referred to as "Symptoms"). I understand and agree to hold the Service Provider harmless and not liable for any real or perceived Symptoms of COVID-19 or any other disease, illness, or condition, nor for exacerbating any existing Symptoms of any illness, disease or condition, and I fully agree to accept these and all other known and unknown risks of my child receiving services from the Service Provider.

3. Rules and Warnings. I agree to observe and obey all posted and announced rules and warnings, and further agree to follow any instructions or directions given by the Service Provider, or his/her employees and agents. I understand that if I am unwilling or unable to follow the rules and instructions given by the Service Provider, I may be asked to discontinue services or receive services through an alternative method, if available.

4. Disclosure of Compromising Medical Conditions. I agree to disclose to the Service Provider, in advance of the services being rendered, any known or suspected illness or ongoing medical condition(s) that may put myself, my child, or other members of my immediate household at risk of severe impact to our health if exposed to COVID-19. If I suspect that there is any issue or concern with receiving services on-site due to the disclosed illness or ongoing medical condition(s), I agree to inform the Service Provider so that accommodations can be made to provide alternative modes of service delivery (if available).

5. Seek Medical Advice. I agree to seek the advice of the necessary physician(s) for myself, my child, or other members of my immediate household regarding any questions or concerns I have about my child attending on-site services. If there are concerns, I understand that I am advised to follow-up with the above mentioned physician(s) BEFORE receiving services, to determine whether myself, my child, or other family members in my immediate household are in proper health to receive these services on-site.

I have carefully read this Release and Waiver and by signing below I consent to it in its entirety.

Signature: _____

Printed Name: _____

Date: _____