

**Waiver, Release, and Assumption of Risk
for SSQ PSYCHIATRY LLC**

Express assumption of risk: I, the undersigned, am aware that there are risks involved in all aspects of medical services. I have voluntarily requested for SSQ PSYCHIATRY LLC (hereinafter "Company") to perform certain psychiatric services (hereinafter "Services"). I also understand that there is currently a worldwide pandemic due to COVID-19.

These risks include, but are not limited to injuries, disease, infection, physical changes, disability, or death. I understand that these risks could be due to negligence on the part of myself, other people around me, or Company staff; due to improper use or failure of equipment; or due to any other foreseeable or unforeseeable risk to my person during the COVID-19 pandemic. I am also aware that attending any public location, or interacting with any other individual, including but not limited to Company staff, can present health risks due to infectious diseases such as COVID-19, and that any and all preventive measures may not be sufficient in preventing the spread of certain diseases. I also understand and acknowledge that by receiving these Services offered by Company I am placing myself at the potential risk of contracting certain contagious diseases including but not limited to COVID-19, and I voluntarily and knowingly assume the risk of contracting such infection. I willingly and voluntarily waive and release Company of any liability resulting from my contracting such a disease while receiving these Services. I willingly acknowledge and agree to assume full responsibility for these risks and accept full responsibility for any illness, injury, disability, or death that may result from my voluntary participation.

Release: In consideration of the above-mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in these Services offered by Company, I, the undersigned, hereby now and forever release Company, their principals, members, managers, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid or unenforceable, I agree that the agreement will be interpreted to conform with current language to the maximum extent that is permitted, and that the remainder of the agreement shall remain in full legal force and effect.

For myself, and in the case that I am signing on behalf of a minor child, I also give full permission for any person connected with Company to administer these Services as requested. I understand that in the case of serious illness or injury, I am responsible to call for medical and or surgical care for myself or the minor child and to transport myself or the minor child to a medical facility deemed necessary for the well-being of myself or the minor child.

Waiver and Indemnification: I, the undersigned, recognize that there are risks involved in the receipt of these Services in-person during this pandemic. Therefore, I the participant, accept any and all financial responsibility for any illness, injury, disability, or death that I may cause either to myself or to any other individual due to my negligence, gross negligence, or willful or purposeful misconduct. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify, release, and hold harmless Company, their principals, members, managers, agents, employees, and volunteers from liability for the illness, injury, disability, or death of any person(s), and damage that may result from my infection. I acknowledge and agree that no warranties or representation have been made to me regarding the results I will receive from these Services. I understand that results are unique to every individual and may not be similar. I am aware of alternative Service options including telehealth.

I, the undersigned, have thoroughly read and understood the foregoing waiver, release, and assumption of risk, and I understand that by signing this agreement, I will be bound by all its requirements and obligations. I represent and warrant that I am signing this agreement freely and willfully and not under fraud or duress. I understand that by signing this form I am waiving valuable legal rights that I, my heirs, or my assigns may have.

Print name of participant: _____ **Date:** _____

Signature of participant (or legal guardian): _____

Signature of Parent or Legal Guardian: _____

Name of Parent or Legal Guardian: _____