



COVID 19 AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Hope Counseling Centers and Ruth Graham, I hereby agree to release, indemnify, defend, and discharge Hope Counseling Centers and Ruth Graham, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

I have been offered by Hope Counseling Centers and Ruth Graham to conduct the therapy session remotely via Zoom or other online means, however, I desire a face-to-face therapy session. I am aware of the risk of infection with COVID 19 and I understand that such risk simply cannot be eliminated without completely avoiding a face-to-face therapy session.

I expressly agree and promise to accept and assume the risk of infection with COVID 19 existing in a face-to-face therapy session. My participation in a face-to-face therapy session with Hope Counseling Centers and Ruth Graham, is purely voluntary, and I elect to participate in spite of the risks.

I expressly agree and promise to accept and assume the risk of infection with COVID 19 during a face-to-face therapy session notwithstanding the possibility that Ruth Graham may be infected with COVID 19, or that Ruth Graham failed to test for COVID 19, failed to use any precautions to avoid infecting me with COVID 19 or used such precaution negligently or incorrectly.

By signing this document, I acknowledge that I waive my right to maintain a lawsuit against Hope Counseling Centers and Ruth Graham on the basis of any claim that I released herein. I also agree to pay Hope Counseling Centers and Ruth Graham attorneys' fees and costs in enforcing this agreement.

PRINT NAME

SIGNATURE

TODAY'S DATE

PRINT NAME

SIGNATURE

TODAY'S DATE