

Assumption of the Risk and 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 other measures to attempt to limit the spread of infection.

The Hive Tattoo, Portland, OR 97217 has put in place preventative measures to reduce the spread of COVID-19; however, the practitioner cannot guarantee that you will not become infected with COVID-19 from exposure at the treatment location. Further, in-person treatment with the practitioner could increase your risk 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 in-person treatment with the practitioner 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to the practitioner.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (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 in-person treatment with the practitioner. On my behalf, and on behalf of my heirs and assigns, I hereby release, covenant not to sue, discharge, and hold harmless the practitioner, their employees, members, agents, and representatives, of and from all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to exposure to or infection with COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the practitioner, their employees, members, agents, and representatives, whether a COVID-19 infection occurs before, during, or after in-person treatment with the practitioner.

Signature of client:

Date:

Print Name of client: