

Release of Liability, Waiver of all Possible Claims and Assumption of Risk

I hearby acknowledge that I have agreed to meet with a Registered Physiotherapist who is in good standing with the Ontario College of Physiotherapy and a Health Care Practitioner (HCP) employed at Mariposa Physiotherapy & Rehabilitation (Facility) for the purpose of Physiotherapy and Rehabilitation services.

I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending at the Facility. I also acknowledge and accept that while receiving services, the HCP may need to be closer than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge and confirm that I am willing to accept this risk as a condition of attending at the Facility to receive services from the Health Care Practitioner.

In consideration of the HCP agreeing to see me in person at the Facility, I agree to release the HCP and the Facility, their officers, directors, employees, agents and volunteers (the "Releasees") from any and all causes of action, claims, demands, request, loss or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at the Facility and/or through the provision of services to me by the HCP. I further acknowledge that the Releasees can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

I acknowledge that I have access to our COVID-19 policy and procedures on our website and that if unable to access it a copy can be requested and sent to my email address below. In that policy you acknowledge that the Facility and owner has put in place multiple avenues to ensure your, the staff and the publics safety including the use of Ontario Ministry of Health approved cleaning and disinfecting products and practices, proper and appropriate use of Personal Protection Equipment (PPE), barriers at our reception desk, one way traffic in and out of the clinic, reduced scheduling to reduce the overall traffic within the Facility and the recommendation of the usage of telerehabilitation as the first option for your care as appropriate.

I have carefully reviewed this release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily. Should I wish to revoke this consent at any time I must do so in writing to: Mariposa Physiotherapy & Rehabilitation, Atten: Kelly Spears (Owner/Director), 8 Westmount Drive, South, Orillia, Ontario, Canada, L3V 6C9. I understand that if I have any questions or require clarity regarding this form or our policies that I may contact the owner: Kelly Spears by utilizing the phone number or email address listed in the letterhead above. I acknowledge that it is important to minimize paper contact during the pandemic and therefore by checking each section above, and by submitting this claim form with my digital signature below acts as my legal consent and is binding.

Your Legal Name (Mandatory)

Your Email Address (Mandatory)

Date

Once you have filled out this form please save it to your computer then email it, along with your other relevant filled out forms, to info@mariposaphysio.ca