

# MCCC COVID-19 Safety Acknowledgment -- Liability Waiver and Release of Claims

## COVID-19 SAFETY INFORMATION

While participating in “in-person sessions” at Milledgeville Christian Counseling Center, “social distancing” must be practiced and face coverings worn to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, MCCC has put in place preventative measures to reduce the spread of COVID-19. However, MCCC cannot guarantee that its clients, volunteers, employees, and therapists will not become infected with COVID-19.

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in MCCC sessions and/or other face to face events. By attending MCCC, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

## DUTY TO SELF-MONITOR:

Clients and therapists agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact MCCC

at milledgevillechristiancounsel@gmail.com if he/she experiences symptoms of COVID-19 within 14 days after participating in a session or event associated with MCCC.

**LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I acknowledge that I willingly engage in MCCC in-person sessions (the “Activity”), and that I have the option to meet virtually with my therapist through doxy.me.

**RELEASE AND WAIVER.**

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE Milledgeville Christian Counseling Center AND ITS AFFILIATED PARTNERS (Milledgeville First United Methodist) INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, EMPLOYEES, AND THERAPISTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH MCCC or FUMC.

**ASSUMPTION OF THE RISK.** I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and

3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

**MEDICAL ACKNOWLEDGMENT AND RELEASE.** I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree that if I experience any of these or any other symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, volunteer, or attendee, You recognize that your participation, involvement and/or attendance at any MCCC session or activity ("Activity") is voluntary and may result in personal injury (including death) and/or property damage. By attending, observing or participating in the Activity, You acknowledge and assume all risks and dangers associated with your participation and/or attendance at the Activity, and You agree that: (a) the Milledgeville Christian Counseling Center (b) the property or site owner of the Activity, and (c) all past, present and future affiliates, successors, assigns, employees, volunteers, vendors, partners, directors, and officers, of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), property damage, or other loss suffered as a result of your participation in, attendance at, and/or observation of the Activity, regardless if any such injuries or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims").

BY ATTENDING AND/OR PARTICIPATING IN ANY MCCC ACTIVITY, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.



## Acknowledgement of Receipt

### MCCC COVID Safety Acknowledgement and Liability Waiver and Release of Claims

I, \_\_\_\_\_, have received a copy of the MCCC COVID Safety Acknowledgement and Liability Waiver and Release of Claims.

Please initial below:

\_\_\_\_\_ I understand that my attendance is not mandatory for counseling, that virtual appointments are available for each therapist through doxy.me.

\_\_\_\_\_ I understand by attending and or participating in MCCC in-session counseling or other activities I am deemed to have given full release of liability to the released parties (Milledgeville Christian Counseling & First United Methodist Milledgeville) to the fullest extent permitted by law.

\_\_\_\_\_ Should I become aware of any exposure I may have had within a 14 day period of seeing an MCCC therapist or FUMC employee, I will let MCCC know at [milledgevillechristiancounsel@gmail.com](mailto:milledgevillechristiancounsel@gmail.com)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date of Signature

(therapist please give the client the first 3 pages, and put this signature page, page 4 in the client's folder)