

## CLIENT

### ACKNOWLEDGMENT OF RESPONSIBILITIES AND RISKS RELATED TO COVID-19 AND ASSUMPTION OF THE RISK

I, \_\_\_\_\_, am a client of Alzheimer's San Diego (the "Organization"). I hereby agree to each of the following statements:

- I understand that the Organization values me and wants me to stay safe and healthy.
- I understand that the health and safety of the Organization's volunteers, staff, and clients are of utmost importance to the Organization.
- I understand that I am prohibited from receiving services in person with the Organization if I (or anyone in my household) have any of the following symptoms which could be an indication of COVID-19 infection: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. If I have any of these symptoms, I will not receive services in person again until I have been cleared by a healthcare professional or completed a 10-day self-quarantine period.
- I understand that I am prohibited from receiving services in person if I (or anyone in my household) have been in "close contact" (within 6' for 15 minutes or more cumulative over a 24-hour period, had direct physical contact, shared eating or drinking utensils, or were coughed or sneezed on by) with someone who has COVID-19 within the past 14 days.
- I understand that while receiving services I must follow all California Department of Public Health guidelines, such as to "socially distance" as much as possible from other individuals who I come into contact with, to wear a face covering, and to frequently wash my hands.
- I understand that if I have any questions about which health and safety protocols to follow or any concerns, I must contact Alzheimer's San Diego at 858-492-4400.

- I understand that, despite all of the precautions listed above, there is inherent risk in receiving services in person. By choosing to receive services in person at this time, I hereby voluntarily assume the risks of potentially being exposed to COVID-19 with knowledge of the danger involved and hereby agree to accept all risks of illness, injury or death.
- By my signature below, I accept and assume full responsibility for any damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the Released Parties (defined as Alzheimer's San Diego, its insurers, affiliates, members, officers, directors, shareholders, employees, agents or representatives of these organizations) from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of my participation as a client.

**Client Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**If appropriate, responsible party:**

**Responsible Party**  
**Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_