Informed Consent & COVID-19 Liability Waiver

I hereby confirm and understand the following:

**Use of Services** – The Cancer Support Center programs are offered at no charge to any participant. Our intent is to provide a safe environment and programming that is beneficial to those involved. We expect participants to discuss concerns with appropriate staff and to hold all associated with The Center harmless in their work to provide programming along professional and ethical guidelines. The Cancer Support Center reserves the right to refuse or to discontinue the privileges of these services to any person.

**Wellness Classes**—I understand that wellness classes by The Cancer Support Center (including yoga, fitness and massage) include physical movements and that the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body and ask for support from the staff.

**Medical Assistance/Advice** – The Cancer Support Center and its staff members do not provide medical advice or assistance. None of our programs are a substitute for medical attention, examination, diagnosis, or treatment. They may not be recommended and safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice wellness classes and will discuss my choices with my physician if I am unsure about my safety. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against The Cancer Support Center and staff.

**COVID-19** – I understand that the novel Corona virus (COVID19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that I am the decision maker for my healthcare. To the best of their ability, The Cancer Support Center will provide me with information to assist me in making informed choices. This process is often referred to as “informed consent” and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult. I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through attending programs and services in-person and give my express permission to The Cancer Support Center and all workers at this establishment to proceed with providing care.

I have been offered a copy of this consent form. I knowingly and willingly consent to the risks associated with attending in-person programming during the Covid-19 pandemic. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive care as is deemed appropriate for my circumstance. I intend this consent to cover the entire time of my participation and programs offered by all providers in any Cancer Support Center location. By signing this release and consent, I hereby for myself, my heirs, administrators and assignees shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, and DISCHARGE, AND COVENANT NOT TO SUE THE CANCER SUPPORT CENTER OR STAFF. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. BY SIGNING BELOW, I AGREE THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

I agree that I will notify The Cancer Support Center if I test positive for COVID-19 within 14 days of attending in-person programming.