



Speech and Language Services
1550 South 70th Street, Suite 200
Lincoln, NE 68506

Toni B. Morehouse, MA, L-CCC-SLP, BCS-CL, Owner
Email: toni@comworkslincoln.com

Carol A. Bowen, MA, L-CCC-SLP, Owner
Email: carol@comworkslincoln.com

Website: www.comworkslincoln.com
Phone: (402) 480-3152
Fax: (402) 904-7651

WAIVER / RELEASE / ASSUMPTION OF RISK / INDEMNIFICATION AGREEMENT

In consideration of receiving in-clinic services at Communication Works, the undersigned acknowledges, appreciates, and agrees that:

1. Participating in services at Communication Works includes possible exposure to, and illness from, infectious diseases, including but not limited to MRSA, influenza, and COVID-19; and
2. Due to the nature of the services provided at Communication Works, the recommended social distancing of 6 feet per person is not possible; and
3. Communication Works has put in place preventative measures to reduce the spread of infectious diseases; and
4. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and
5. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my child's/ward's participation and my participation; and
6. If I observe any unusual or significant hazard during my presence or my child's/ward's presence at Communication Works, I will remove us from the premises immediately; and
7. I willingly agree to comply with Communication Works' stated protections against infectious diseases; and
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Communication Works, their staff, their independent contractors, and/or employees, other clients, and their families ("Releasees") with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of Releasees or otherwise, to the fullest extent permitted by law.

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at the time of service)

This is to certify that I, as parent/guardian, with legal responsibility for my child/ward, have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities to the extent possible taking into account age and disability. I for myself, my spouse, and child/ward do consent and agree to the release provided above for all the Releasees. I for myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my child's/ward's presence at Communication Works, even if arising from the Releasees' negligence, to the fullest extent provided by law.

I have read this release of liability and assumption of risk agreement. I fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Name of client: _____ Date _____

Name of parent/guardian if client is under age 18 _____

Signature of client, parent, guardian or CW personnel _____