



I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the Centers for Disease Control and Prevention (CDC) and many other public health authorities still recommend practicing social/physical distancing. I further acknowledge that Creative Behavioral Consultants, Inc. (herein after: CBC) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that CBC cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to clients, their families or acquaintances.

I voluntarily decide to work with clients in-home providing ABA services while employed by CBC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my scheduled sessions.

I attest that:

- * I will complete the symptoms checklist on myself on a daily basis.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold CBC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of CBC, or that may otherwise arise in any way in connection with my job duties at CBC. I understand that this release discharges CBC from any liability or claim that I, my heirs, or any personal representatives may have against the agency with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from CBC. This liability waiver and release extends to CBC together with all owners, partners, and employees.

Name: _____

Signature: _____ Date: _____