

Waiver and Release of Liability By Guests

I understand that there is or has been a COVID-19 pandemic in the State of Georgia, including the area in and around The Summit Counseling Center (“The Summit”). Despite the pandemic and the related risks associated with it, I desire to receive in-person clinical services at The Summit. The waiver, release and other representations and covenants set forth herein are given in consideration for The Summit permitting me and/or my child or ward to become a guest of The Summit.

1. Acceptance of Risk; Release; Indemnification. I am fully aware that there are a number of risks associated with me and/or my child or ward entering on The Summit property and utilizing The Summit facilities during the COVID-19 pandemic, including without limitation the risk that my child or ward or our visitors could contract COVID-19 or other diseases which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. I hereby forever release, waive, relinquish, and discharge The Summit, along with its officers, trustees, clergy, agents, employees, or other representatives, and their successors and assigns (collectively “Summit Representatives”), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively “Damages”) as a result of me and/or my child or ward utilizing The Summit’s facilities and contracting COVID-19 or any other disease, including claims based on the alleged negligence of The Summit or Summit Representatives or any other person. I further promise not to sue The Summit or any Summit Representatives and agree to indemnify and hold them harmless from any and all Damages resulting from my and/or my child’s or ward’s being a guest of The Summit.

**READ CAREFULLY -- BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.**

Print Name of Guest \_\_\_\_\_  
Last First MI

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN (if Guest is under 18 years old or subject to guardianship)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_