

COVID-19 / Communicable Diseases Liability Release Waiver

Due to its capacity to transmit COVID-19 (Corona virus) and other communicable diseases from person-to-person through respiratory droplets, or contact with affected surfaces, the government has set recommendations, guidelines, Evans Chiropractic, LLC. adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

I am aware of the existence of the risk on my physical appearance to the venue and my participation in the chiropractic care that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 or any of its variants that may lead to paralysis or death.

I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 including its variants or any communicable disease within the last 14 days.

I have not, nor any member(s) of my household, traveled by sea or by air, internationally and or visited any area within the United States that was reported to be highly affected by COVID-19 and or required to quarantine, in the last 14 days.

I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

If at any time any of these terms and conditions change in the future such as being exposed, you experience symptoms or you have traveled where quarantine is suggested or required by the state of NJ. You will notify the office immediately, and you will not enter the office during time quarantine is suggested or required.

Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the Evans Chiropractic Llc, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity including chiropractic care or other services provided by Evans Chiropractic, Llc while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless Evans Chiropractic Llc. from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. This waiver will remain effective permanently.

Assignment of Benefits

I hereby irrevocably instruct and direct my Insurance Company to pay Evans Chiropractic, PLLC directly. For the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. I also authorize the release of any information pertinent to my case to any insurance company, Health Care Financing Administration or its agents, or attorney involved in this case. I authorize doctor initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Non-Assignment of Benefits

I am advised that should my insurance company pay me directly, **I am responsible to bring any insurance checks and statements received by me directly to Evans Chiropractic, LLC.** If I do not bring or mail the insurance payments to Evans Chiropractic within 30 days of my receiving them, I will be solely responsible for payment in full of all services to date. In addition, I authorize Dr. Evans to deposit any checks received on my account when made out to me.

I have read and understand the above policies and I accept all terms by signing below.

Print Name: _____

Signature _____ Date: _____

Names of children under 18: _____