



**THE LAUTERSTEIN-CONWAY
MASSAGE SCHOOL & CLINIC**
WWW.TLCSCHOOL.COM

COVID-19 ASSUMPTION OF RISK & WAIVER OF LIABILITY

As we are all aware, COVID-19 has been declared to be a worldwide pandemic and can result in death. Lauterstein-Conway Massage School & Clinic, Inc. has created and put into place a new internal health and safety policy to attempt to preserve the wellbeing of each of our students and employees. However, our new preventative measures CANNOT guarantee that you will not become infected with COVID-19. Social interaction of any kind can increase your risk of contracting COVID-19.

I hereby acknowledge the contagious and deadly nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by continued participation in the curriculum at Lauterstein-Conway Massage School & Clinic, Inc. and that such exposure can result in personal injury, illness, disability, and death.

I understand that despite the efforts of Lauterstein-Conway Massage School & Clinic, Inc. to implement a COVID-19 health and safety policy, I may become exposed to or infected by COVID-19 from the actions, omissions, or negligence of myself or Lauterstein-Conway Massage School & Clinic, Inc., its' employees, volunteers, program participants or their families.

I knowingly and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all personal injury, illness, disability, and death that I or anyone I come into contact with may incur in connection with continued participation in the curriculum at Lauterstein-Conway Massage School & Clinic, Inc.

I hereby release, discharge, and hold harmless Lauterstein-Conway Massage School & Clinic, Inc., its owners, employees, agents, representatives, staff, volunteers, and affiliated entities from all claims of any kind arising out of or relating thereto, including any claims based on the actions, omissions, or negligence of myself or Lauterstein-Conway Massage School & Clinic, Inc., its' employees, volunteers, program participants or their families regardless of when a COVID-19 infection occurs and regardless of whether death results due to COVID-19 directly or any other cause of death that was related to in any way to COVID-19.

AGREED BY (Signature): _____

Print Name: _____

Date: _____