

**Release of Liability, Waiver of all Possible Claims and Assumption of Risk**

**\*\*Please review before signing\*\***

I hereby acknowledge that I have agreed to meet with \_\_\_\_\_ (the "HCP")  
*(name of professional)*

at Pro Sport Rehab & Fitness, #6 – 2345 Millar Avenue, Saskatoon, Saskatchewan (Pro Sport Rehab & Fitness) for the purpose of receiving physiotherapy, chiropractic care, athletic therapy, or massage therapy (the "Services").

I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending Pro Sport Rehab & Fitness. I also acknowledge and accept that while receiving services, the **HCP** may need to be closer than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge and confirm that I am willing to accept this risk as a condition of attending Pro Sport Rehab & Fitness to receive services from the **HCP**.

In consideration of the **HCP** agreeing to see me in person at Pro Sport Rehab & Fitness, I agree to release the **HCP** and Pro Sport Rehab & Fitness, their officers, directors, employees, agents and volunteers (the "Releasees") from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to COVID-19 during my visit to Pro Sport Rehab & Fitness and/or through the provision of services to me by the **HCP**.

I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the **Releasees** based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at Pro Sport Rehab & Fitness and/or through the provision of services to me by the **HCP**. I further acknowledge that the **Releasees** can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

\_\_\_\_\_  
PRINT Name of Patient

\_\_\_\_\_  
SIGNATURE of Patient  
(or parent/guardian if patient under 18)

\_\_\_\_\_  
Witness to Signature (Front Staff)

\_\_\_\_\_  
Date Signed