



1010 South King Street, B-4, Honolulu, Hawaii, 96814

Phone: 808-593-0030 Fax: 808-593-0026

WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. It is reported to be extremely contagious and spread by person to person contact and/or contact with contaminated surfaces and objects as well as through the air. Non-symptomatic people can spread the disease. The state of medical knowledge is evolving, but evidence shows that COVID-19 can cause serious and even life-threatening illness.

OAHU SPEECH PATHOLOGY cannot prevent you or your child(ren) from exposure, contracting, or spreading the disease while receiving therapy on our premises. While we will do everything advised by the Centers for Disease Control to minimize risk, it is not possible to completely prevent against the presence of the disease as yet. Therefore, if you choose to use services here on our premises, know that you may be increasing the risk of exposure to yourself and your child.

ASSUMPTION OF RISK

I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 by entering and receiving in person speech therapy at the OAHU SPEECH office rather than using the online video conferencing alternative to this service.

WAIVER OF LAWSUIT/LIABILITY

I hereby forever release and waive my right to bring suit against OAHU SPEECH PATHOLOGY and its owners, employees or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to using OAHU SPEECH PATHOLOGY services.

I understand that this waiver means that I give up my right to bring any claims including personal injuries, death, disease or property losses, or any other loss including but not limited to claims of negligence, and give up any claim I may have to seek damages whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW

I understand and agree that the laws of the State of Hawaii will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS IN THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK, AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

SIGNATURE: _____

DATE: _____

Print Name: _____

Date: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and by signing below, I hereby do consent to the terms and conditions of the Release.

SIGNATURE: _____

DATE: _____

Print Name: _____

Date: _____



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OAHU SPEECH CORONAVIRUS PROTOCOL

We are happy to begin seeing our families in-person again at the Oahu Speech King Street office!! Each family and SLP will decide if it's best for you to continue distance sessions or come in for office sessions. At this time, home visits are not safe, but if you feel you have special circumstances we should consider, let us know.

In order to keep all of us safe, we promise to abide by the Center for Disease Control safety guidelines.

Toward that end we ask you to answer the following questions in relation to yourself and your child prior to attending in office sessions:

1. Do you feel ill, have a fever or any other symptoms of illness? _____(If so you will be required to leave and you should see your doctor.) Please reschedule your therapy appointment once you are feeling well.
2. Have you been exposed to anyone with Covid-19 symptoms or who has been diagnosed with Covid-19?

3. Have you traveled outside of Oahu in the past 14 days? _____
4. Have you been in contact with anyone who has traveled outside of Oahu within the last 14 days? _____

When entering the office:

1. One child and one parent at a time.
2. Both of you must be wearing a mask.
3. Use our hand sanitizer when you get inside the office.
4. Stay as far away as possible from your child's SLP. (that is difficult in our small space). However, we will be staggering appointments so most likely the second therapy room will be empty and you can distance better. Once the session begins, you may observe from the waiting area through the one-way mirror window.
5. Your child will be in close proximity to your SLP who will be wearing a mask or face shield. There will be an acrylic "sneeze guard" between your child and the SLP as long as your child is sitting at the therapy table.
6. Our materials will be disinfected before/after use. If you bring a toy from home to use in therapy, please be sure it is disinfected or allow us to do so for you.
7. Please arrive on time and plan to leave on time so as not to encounter the next incoming person. You may arrange with your SLP to text her from your car when you arrive and she can text you when it's time for you to come to the therapy room.
8. We welcome any suggestions you have to insure your health and comfort. We will stay on top of new CDC recommendations, so our protocols may be adjusted as we learn new information on the spread of the virus.

We are all optimistic about returning to in person therapy sessions. While we are amazed and very grateful that Zoom sessions have been so successful, we have missed seeing everyone in person.

I have read and agree with the above protocol.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Thanks so much,
Mary Marasovich, MA/CCC/SLP