



Shannon Kushniruk

B.Ed, M.S., R.SLP, S-LP(C)) Registered Speech-Language Pathologist

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INDEPENDENT CONTRACTOR RELEASE OF LIABILITY

Parent Name:	
Child Name:	
Child Date of Birth:	

I hereby acknowledge that I have agreed to meet with Shannon Kushniruk R.SLP (the "HCP") at the following locations ("the Facility"):

- Please list name and address for each agreed upon location below:

1.

2.

3.

For the purpose of receiving speech-language pathology services (the "Services").

I acknowledge and accept that there is a risk that my child and/or other members of my household could be exposed to COVID-19 while receiving services. 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 my child. I acknowledge and confirm that I am willing to accept this risk as a condition of receiving services from the HCP.

In consideration of the HCP agreeing to see my child in person, I agree to release the HCP and the Facility (if applicable), 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 the Facility 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 the Facility 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.

Date

Parent/Guardian Signature