



PERSONAL INJURY, COVID-19 (CORONAVIRUS), or OTHER ILLNESS LIABILITY WAIVER

I, the undersigned, do acknowledge the contagious nature of the Coronavirus (COVID-19) as well as other illness and that the CDC and public health authorities are still recommend the practice of social distancing, and the wearing of facial coverings in public.

I further acknowledge that Pine Island Wellness at Home LLC has put into place preventative measures, as recommended by the CDC, to reduce the spread of the Coronavirus (COVID-19). I further acknowledge that Pine Island Wellness at home LLC cannot guarantee that I will not become infected with the Coronavirus (COVID-19). I understand that the risk of becoming exposed to and/or infected by the Coronavirus (COVID-19) or any other illness may result from the actions, omissions, or negligence of Others and I, including, but not limited to, office staff and other practice patients and their families.

I voluntarily seek services provided by Pine Island Wellness at Home and acknowledge that I am increasing my risk to exposure to the Coronavirus (COVID-19) as well as other illness. I understand that staff members of Pine Island Wellness at Home LLC may not be able to socially distance given nature of home health settings, duties, and safety responsibilities of work. I also understand that staff members may not always be able to wear a mask depending on circumstance such as safety, especially in wet settings during aid of bathing sessions. I acknowledge that I must comply with all set procedures to reduce unnecessary spread of illness by attesting that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19).

- I have not been diagnosed with Coronavirus (COVID-19) and not yet cleared as noncontagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus (COVID-19).

I agree to provide Pine Island Wellness at Home LLC with information of any changes to the above beyond the date of this signed document.

I hereby release and agree to hold Pine Island Wellness at Home LLC harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes and action, claims, demands, damages, costs, expenses, and compensation damage or loss by myself and or property that may be caused by any act, or failure to act of the office or that may otherwise in any way in connection with any services received at Pine Island Wellness at Home LLC. I understand that this release discharges Pine Island Wellness at Home LLC from any liability or claims that I, my heirs, my personal representatives, may have against Pine Island Wellness at Home LLC with respect to any bodily injury, illness, death, or property damage from or in connection to any services rendered by Pine Island Wellness at Home LLC. This waiver and release extend to Pine Island Wellness at Home LLC, together with any partners, or staff. It is understood that in the event of a fall that our team members will not lift the client and will seek local emergency assistance for a "lift assist". It is also understood that our team members are not part of a medical agency, however, are CPR certified in the event of an emergency and will follow the advisement of emergency personnel and will inform emergency personnel if a DNR posted or not posted.

MOBILE CONCIERGE TRANSPORTATION SERVICES WAIVER AND RELEASE

Wellness at Home Senior Concierge Specialists a Pine Island Wellness at Home LLC offer mobile transportation concierge services. Please read this form carefully and be aware that in consideration for the Wellness at Home Senior Concierge Specialists and Pine Island Wellness at Home LLC that Mobile Transportation Concierge Services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of said services upon your request, including but not limited to, vehicle operations and boarding and exiting the vehicle.

I recognize and acknowledge that Wellness at Home Senior Concierge Specialists and Pine Island Wellness at Home LLC Mobile Transportation Concierge Services is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I may have (or accrue to me) against

Wellness at Home Senior Concierge Specialists and Pine Island Wellness at Home LLC including its respective officials, agents, volunteers, and employees (hereinafter collectively referred to as "Party").

It is understood that a client's vehicle can never be used to provide mobile concierge services unless vehicle is necessary to accommodate the disabled. This is necessary for insurance reasons, and the safety of our team members and clients. Wellness at Home Senior Concierge Specialists and Pine Island Wellness at Home LLC does check drivers' license validity, verify insurance coverage, and run background checks for our clients who would like to participate in our mobile concierge services upon request.

I do hereby fully release and forever discharge the Party from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with said transportation services. I further agree that this agreement shall be governed by the laws of the State of Florida. I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.