**IN-PERSON LACTATION VISIT COVID 19 ASSUMPTION OF RISK, RELEASE, AND WAIVER**

**(PLEASE READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS)**

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

***To*** ***proceed*** ***with*** ***receiving*** ***in-person lactation visits,*** ***I*** ***confirm*** ***and*** ***understand*** ***the*** ***following***:

* I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below:

\*Fever \*Dry Cough \*Sore Throat \*Shortness of Breath \*Runny Nose \*Loss of Taste or Smell

* I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 14 days I have not traveled: 1) Outside of the United States to countries that have been affected by COVID-19; or 2) Domestically within the United States by commercial airline, bus, or train.
* I am informed that Mouths of Babes Lactation Services LLC and its staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by meeting in person for lactation consulting services. I have been offered the option of a virtual lactation visit, but declined. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective in-person consultation and give my express permission to Mouths of Babes Lactation Services LLC and its staff to proceed with providing in-person services.
* I have been offered a copy of this consent form.

I KNOWINGLY AND WILLINGLY CONSENT TO THE IN-PERSON SERVICES WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH IN-PERSON CONSULTATIONS DURING THE COVID-19 PANDEMIC.

**RELEASE AND WAIVER**. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST MOUTHS OF BABLES LACTATION SERVICES LLC, WITHOUT LIMITATION, ITS DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF OR MY CHILD(REN)’S BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION IN AN ELECTIVE IN-PERSON CONSULTATION RATHER THAN A VIRTUAL CONSULTATION.