



**Dr. Linda Oswell, B.Sc. (Hon), D.C.**  
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Phone: 519-765-2565 Fax: 519-765-2562

Oswell Chiropractic is keeping a watchful eye on the evolving COVID-19 situation. The safety of patients and staff remain our top priority and we are relying on information from trusted resources. We are committed to continuously review current information.

**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 Dr. Linda Oswell for the purpose of receiving chiropractic treatment. I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while attending at the facility. I also acknowledge and accept that while receiving services, the chiropractor and/or assistant 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 at the Facility to receive services from the chiropractor and/or assistant. In consideration of the chiropractor and/or assistant agreeing to see me in person at the Facility, I agree to release the chiropractor, the facility, and the employees 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 chiropractor and/or assistant. 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 chiropractor and/or assistant. I further acknowledge that the Releasees can rely on 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 signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_