

**A note from Valerie:** I work with people, and have family members, who are immune compromised and high-risk. For this reason, and to protect myself, I am continuing to require that masks be worn during all in-person sessions with me. I thank you for being a part of protecting the health and wellbeing of all my clients.

## LOTIS LLC

### COVID-19 INFORMED CONSENT

I knowingly and willingly consent to have LOTIS LLC perform services in my home during the COVID-19 pandemic.

I understand that the COVID-19 virus and its variants have an incubation period during which carriers of the virus may not show symptoms and still be highly contagious, even in fully vaccinated people.

It is impossible to determine who has it and who does not, even as testing and vaccinations are available.

Before each session, I will immediately inform Valerie G. Keane if I am not presenting any of the following symptoms of COVID-19 listed below:

- Scratchy throat
- Headache
- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat
- Allergy symptoms
- Diarrhea
- Body aches

I understand that it is my responsibility to notify LOTIS LLC if I am medically “high risk” for any reason.

#### **Before each session I will verify:**

- No one in my household has tested positive for COVID-19 in the last 14 days
- In the last 14 days, no one in my household has been exposed to someone who tested positive for COVID-19
- If anyone in my household has tested positive for COVID-19 in the last 14 days, I will provide proof of negative COVID-19 PCR tests, taken in the last 24 hours, for the entire household

#### **I agree to adhere to the following during every session:**

- I will provide proof of full COVID-19 vaccination, plus current boosters, for each person in my household, whether or not they will be working with us, before any work begins with LOTIS LLC.

- I will wear a mask (no bandanas or neck gators) at all times when Valerie G. Keane is in my home.
- I will sneeze and cough into my mask. If I remove my mask to sneeze or cough, I understand the session will be terminated immediately and I will not be refunded.
- I will keep my mask on, covering both my nose and mouth, at all times and will leave the room should I have to remove it (such as to drink water or to smell something).
- I will inform Valerie G. Keane before the session if anyone else will be present in the home during the session.
- I will report all symptoms, as stated above.

Although there are no guarantees in regards to the possibility of contracting COVID-19, LOTIS LLC/Valerie G. Keane will be following safety protocols as to best protect myself and the client(s) during the session.

By signing below, I hereby agree to release LOTIS LLC and its owners, and covenant not to commence or maintain any action or proceeding against LOTIS LLC or its owner, for or from any and all claims, causes of action, liabilities, damages, fees (including attorney's fees and costs of defense) and demands whatsoever, in law or equity ("Claims"), which I (and my heirs, executors, administrators, and assigns) shall or may have, or from any person or entity other than myself, for, upon, or by reason of my contracting COVID-19, including any claim resulting from my transmission of COVID-19 to any other person or thing. I hereby agree to indemnify and hold LOTIS LLC and its owner harmless from and against any and all Claims from or against any person or entity other than myself relating to my having or transmitting COVID-19.

By signing below, I acknowledge I have read this Informed Consent and I hereby agree to its terms and I assume the risk of potential COVID-19 exposure by having LOTIS LLC perform work in my residence.

Household member #1:

CLIENT NAME: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_

Household member #2:

CLIENT NAME: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_