



Bringing Possibilities to Life

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COVID-19

Thank you for participating in our Day Training and Habilitation (DT&H), Employment or Pre-Vocational services. We know you have choices of service providers and it is our honor to be a part of your life. These past several weeks have been very challenging and we hope you have been healthy and safe.

As you know, in March Accord voluntarily closed or scaled back services significantly to do our part in helping control the spread of the COVID-19 coronavirus. In May, the Minnesota Department of Human Services (DHS) required all providers of DT&H services to close. Recently DHS informed them that they could start providing limited services to people who do not live in licensed group homes or adult foster homes.

In spite of the tremendous efforts of Minnesotans, the COVID-19 virus continues to be with us. Unfortunately, no one can state for certain how long this pandemic will last. The virus has become one more area of risk that may impact our lives. In choosing whether to receive services again, one must weigh the risks versus the benefits and make an individual decision, based on your circumstances.

In preparation for our re-opening, Accord has developed and will implement a variety of precautions designed to keep the persons we serve and our employees safe. They include social distancing, wearing masks, screening, hand washing, disinfecting, and several other strategies recommended by the Minnesota Department of Health and the Centers for Disease Control.

We will also be limiting the number of people receiving services at our branches at any one time and reducing the length of the service day. You are encouraged to review our Preparedness Plan on our website at www.accord.org.

In spite of our best efforts to keep everyone safe, Accord cannot guarantee that persons we serve or our employees will avoid becoming exposed to and infected by the COVID-19 virus. Receiving our services may increase the risk of contracting the virus because you will be with others. The virus is very contagious and affects people in different ways.

For most, the virus has a mild to moderate impact. A small percentage of people are seriously affected and may require hospitalization. For a very small percentage of people, it results in death. People over age 65 or those whom have certain underlying health care conditions are most at risk of becoming significantly ill if they contract the virus.



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Because of the potentially serious implications of contracting COVID-19, we want to ensure that you are making an informed choice to resume services. We ask that you carefully review the following statements and if you agree, sign off on them.

Unfortunately, if you do not agree, we fully respect your choice but cannot provide services to you at this time.

Assumption of Risk: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the person served may be exposed to or infected by COVID-19. I understand that such exposure or infection may be very serious and could potentially result in personal injury, illness, disability, and even death.

It is my choice to receive services or have services delivered to the person for whom I am the guardian, knowing that doing so may increase the risk of becoming exposed to and infected by COVID-19.

I voluntarily agree to assume all of the risks outlined in this form including contracting COVID-19, and accept sole responsibility for any injury or illness to the persons served or myself. This risk includes illness, injury, disability and death, and all associated losses and expenses of any kind that I or the participant may experience or incur.

Waiver: In consideration of receiving services from Accord, I and (if applicable) the person served for whom I am the guardian, hereby release, agree not to sue, discharge, and hold harmless, Accord, its officers, employees, agents, and representatives, from all claims, actions, damages, costs or expenses of any kind relating to COVID-19. I understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of Accord, its officers, employees, agents, or representatives, except for such claims that arise due to Accord's gross misconduct.

Thank you for your careful consideration and your continued partnership with Accord.

Signature of Person Served and Guardian (if applicable)

Date

Printed Name Person Served and Guardian (if applicable)