



Student Name: _____

STUDENT HEALTH WAIVER

By signing below, you agree to release Progeny Psychiatric Clinic, its staff, shareholders, providers, and affiliates, from any and all damages, liability, claims, expenses, or loss (collectively, "Claims") resulting from or arising out of participation in our programs including those with the potential exposure to contagious diseases like COVID-19. Furthermore you agree to indemnify and hold harmless PPC from any Claims resulting from or arising out of your breach of the terms and conditions of this contract, the behavioral expectations set by CDC related to social distancing, etc.) You understand that by participating in this activity, you are assuming the risks associated with the activity and, as in any activity involving other persons, those risks include potential exposure to contagious diseases, including COVID-19.

Signature: _____

Date: _____