**FREE CAREGIVERS SUPPORT GROUP DURING COVID-19 ONLINE SCHOOLING**

**WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in the Caregivers Support Group, and as consideration for the right to participate in the group, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Caregivers Support Group, and do hereby release and forever discharge Summit Psychological Services, located at 482 Springfield Avenue, Summit, NJ 07901, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the Caregivers Support Group, including the use of Telehealth.

I am voluntarily participating in the Caregivers Support Group and I am participating in the group entirely at my own risk. I am aware of the risks associated with using Telehealth as well as participating in this group, which may include, but are not limited to emotional discomfort or psychological injury. I understand that these injuries or outcomes may arise from my own or others' negligence. Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the support group including the use of telehealth.

I agree to indemnify and hold harmless Summit Psychological Services against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I acknowledge that Drs Keren and Likier and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting the group on behalf of Summit Psychological Services.

I acknowledge that members of the group will be able to see one another in a Zoom meeting room & that confidentiality cannot be guaranteed or conferred. I understand that the zoom app is a secure platform because the host has the professional version of the application.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge Summit Psychological Services and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Summit Psychological Services for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Summit Psychological Services, its agents, and employees.

In the event that I should require professional care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

It is understood by me that showing up to participate in the group is tantamount to signing this waiver and release of liability.