



Counselling | Mediation | Supervision

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| COVID-19

CLIENT INDEMNITY

9 Firfield Road Plumstead
www.theconnectgroup.co.za

COVID-19 TRANSMISSION INDEMNITY FORM ADULTS

I,(name & surname) acknowledge the contagious and unpredictable nature of the coronavirus (COVID-19) that makes it difficult to prevent transmission. I hereby voluntarily execute this COVID-19 Transmission Indemnity Form (Indemnity) in my capacity as a client of The Connect Group as well as in my personal capacity, to and in favour of The Connect Group (service provider).

I acknowledge that the Department of Health still recommends practicing social distancing. As such The Connect Group has put in place preventative measures and other protocols to reduce the spread of the COVID-19 during face-to-face sessions. These preventative measures, in line with Regulations issued by the South African Government under the Disaster Management Act, 2002 (Act No. 57 of 2002) include but are not limited to:

- The Counselling Room and all resources are sterilized at the beginning and at the end of the day.
- All surfaces and counselling resources will be sanitized regularly.
- Therapists and clients will wear Personal Protective Equipment including a mask and/or face visor. Clients are expected to provide their own masks and/or face visors.
- 1.5 Metre distancing between the therapist and client will be practiced at all times.
- Clients and counsellors will sanitize their hands when they enter the practice, and additional, if required, during the session.
- Clients and counsellors may be asked to have their temperatures taken when they enter the building.
- Therapists and clients will not be permitted into the practice if they have a temperature of 38 Degrees Celcius, cough, snotty nose or any other indication of illness. Client or therapist may end the session at any point if these symptoms are detected.

I undertake to follow and obey, all rules, instructions, and requirements of The Connect Group for my own health and safety. I understand that these rules, instructions and requirements may be changed, modified or amended before, during, and after any session.

I also acknowledge that I am under no obligation to attend a session if I have any health and safety concerns. Virtual sessions via ZOOM or Whatsapp Call are available to the client if/ when a live session is deemed unsafe. I have freely consented to engaging in live therapy, and on the voluntary assumption of, the aforementioned risk.

I understand that if at any time, The Connect Group learns that any individual affiliated with The Connect Group is infected with COVID-19/has tested positive for COVID-19, the Connect Group shall advise the client and live sessions will be cancelled. Virtual sessions will take place instead. In the event of an infection occurring with a Connect Group affiliate or client affiliate, there is no obligation to disclose the identity of such person to the other party.

I understand this is an important legal document indemnifying The Connect Group and its partners at 9 Firfield Road Plumstead against the transmission of COVID-19 on the practice premises and that by signing this Indemnity I hereby waive certain legal rights that may exist and that I may otherwise have against The Connect Group and its partners.

I understand that I have had the opportunity to review this Indemnity with an attorney of my choice.

CLIENT NAME

DATE

CLIENT SIGNATURE





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COVID-19 TRANSMISSION INDEMNITY FORM ADULTS

I, (legal guardian name & signature), parent of, (minor client's name & surname) acknowledge the contagious and unpredictable nature of the coronavirus (COVID-19) that makes it difficult to prevent transmission. I hereby voluntarily execute this COVID-19 Transmission Indemnity Form (Indemnity) in my capacity as a parent of my child, whom will be a client of The Connect Group as well as in my personal capacity, to and in favour of The Connect Group (service provider).

I acknowledge that the Department of Health still recommends practicing social distancing. As such The Connect Group has put in place preventative measures and other protocols to reduce the spread of the COVID-19 during face-to-face sessions. These preventative measures, in line with Regulations issued by the South African Government under the Disaster Management Act, 2002 (Act No. 57 of 2002) include but are not limited to:

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- 1.5 Metre distancing between the therapist and client will be practiced at all times.
- Clients and counsellors will sanitize their hands when they enter the practice, and additional, if required, during the session.
- Clients and counsellors may be asked to have their temperatures taken when they enter the building.
- Therapists and clients will not be permitted into the practice if they have a temperature of 38 Degrees Celcius, cough, snotty nose or any other indication of illness. Client or therapist may end the session at any point if these symptoms are detected.

My child and I undertake to follow and obey, all rules, instructions, and requirements of The Connect Group for our own health and safety. We understand that these rules, instructions and requirements may be changed, modified or amended before, during, and after any session.

We also acknowledge that we are under no obligation to attend a session if we have any health and safety concerns. Virtual sessions via ZOOM or Whatsapp Call are available to the client if/ when a live session is deemed unsafe. We freely consent to engaging in live therapy, and on the voluntary assumption of, the aforementioned risk.

We understand that if at any time, The Connect Group learns that any individual affiliated with The Connect Group is infected with COVID-19/has tested positive for COVID-19, the Connect Group shall advise the client and live sessions will be cancelled. Virtual sessions will take place instead. In the event of an infection occurring with a Connect Group affiliate or client affiliate, there is no obligation to disclose the identity of such person to the other party.

I understand this is an important legal document indemnifying The Connect Group and its partners at 9 Firfield Road Plumstead against the transmission of COVID-19 on the practice premises and that by signing this Indemnity we hereby waive certain legal rights that may exist and that I may otherwise have against The Connect Group and its partners.

We understand that we have had the opportunity to review this Indemnity with an attorney of our choice.

CLIENT NAME	DATE	CLIENT SIGNATURE
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