



COVID-19 WAIVER OF LIABILITY AND INDEMINIFICATION

We wish to keep all employees and clients safe as we navigate through this pandemic. For this reason, we are limiting face-to-face exposure until we are told it is safe to return to normal meeting conditions. If you meet in our office or if you ask us to come to your office/home, we ask that you sign the following statement releasing our firm from possible harm if you become ill after meeting with an employee of our firm.

I/We, _____, agree to hold all employees and ownership of 1 North Wealth Services, LLC (“1NWS”) harmless from liability if I/we contract COVID-19 illness after meeting any member of the 1NWS team. I/We accept full responsibility for my/our health and for the health of those with whom I/we come in contact with following the meeting. I/We waive the right to sue 1NWS to recover damages incurred due to contracting COVID-19 after said meeting.

I/We would like for 1NWS staff to wear a mask during my/our visit to the 1NWS office: **YES / NO**

Signature

Date

Signature

Date