



Coronavirus/COVID-19 and Related Illnesses Liability Waiver

- Date
- Name
- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that this release includes Coronavirus/COVID-19 and all illnesses related to the Coronavirus/COVID-19 wherever the term Coronavirus/COVID-19 is utilized.
- I acknowledge that _____ has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19, but cannot guarantee that I will not become infected with the Coronavirus/COVID-19.
- I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others and that infection may occur even in the absence of any negligence on the part of anyone given the nature of Coronavirus/COVID-19.
- I voluntarily seek services and/or residency provided by _____ and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 by the mere virtue of seeking services and/or residency provided by _____ even when all precautions are taken.
- I understand that I must comply with all set procedures in place to reduce the spread of Coronavirus/COVID-19 while residing at and/or receiving the services provided by _____.
- I understand that I have the right to refuse services and/or residency at _____ and seeks services and/or residency elsewhere if I am uncomfortable with any portion of provision in this document.

- I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 in the last 21 days.

* I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold _____ harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the _____, or that may otherwise arise in any way in connection with any services received from _____. I agree to waive the right to litigate in court or arbitrate any claims or dispute as a class action, either as a member of a class or as a representative. I understand that this release discharges _____ from any liability, claim and class claim that I, my heirs, or any personal representatives may have against _____ with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from Coronavirus/COVID-19 in connection to, any services received and/or residency at _____. This liability waiver and release extends to _____ together with all owners, partners, and employees of _____.

Signature _____

Date _____

Witness _____

Date _____