



RetinaMacula
SPECIALISTS

Assumption of the Risk Waiver of Liability Relating to Coronavirus/COVID-19

I acknowledge the contagious nature of the coronavirus/COVID-19 and that many public health authorities still recommend practicing social distancing.

I further acknowledge *Retina Macula Specialists (the "Practice")* has put in place preventative measures to reduce the spread of the coronavirus/COVID-19.

I further acknowledge that the Practice cannot guarantee that I will not become infected with the coronavirus/COVID-19 and that receiving services from the Practice could increase my risk.

I voluntarily seek services from the Practice and assume the risk that I or my family may be exposed to or infected by coronavirus/COVID-19 by visiting the Practice and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by coronavirus/COVID-19 at the Practice may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Practice staff, and other Practice clients and their families.

I attest that:

- I am not experiencing any symptom of illness such as a fever, cough, or shortness of breath.
- I have not traveled internationally in the past 14 days.
- I have not traveled to a highly-impacted area within the United States in the past 14 days.
- I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.
- I have not been diagnosed with COVID-19 and not yet cleared as noncontagious by states or local public health authorities.
- I am following recommended guidelines as much as possible – practicing social distancing and otherwise limiting my exposure to the coronavirus.

I hereby release, discharge and agree to indemnify and hold the Practice harmless from, and waive on behalf of myself and my heirs and 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 Practice, or that may otherwise arise in any way in connection with any services received from the Practice. I understand that this release discharges the Practice from any liability or claim that I or my heirs, personal representatives may have against the Practice with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection any services received from the Practice. This liability waiver and release extends to the Practice together with all of its owners, officers, directors, affiliates, employees and agents.

Print Name

Signature

Date