

WAIVER OF COVID-19 LIABILITY

PLEASE READ

NOTICE TO ALL ENTRANTS AND USERS OF THESE FACILITIES

EXCLUSION OF LIABILITY – ASSUMPTION OF RISK

THESE CONDITIONS WILL AFFECT YOUR LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION
FOR A COVID-19 INFECTION

I am aware that COVID-19 is a highly contagious disease that can result in a serious medical condition requiring hospitalization and possibly death either to myself or others including family members that contract COVID-19 as a result of contact with me. I agree that by entering the XYZ Medical Office facility (the “Facility”) and receiving the services it provides or using the equipment, tools and materials it contains, I am assuming the risks of contracting COVID-19 and that I am personally responsible for my safety and actions at all times when I am present at the Facility and will comply with all XYZ Company policies and rules. With full awareness and appreciation of the risks involved, and in consideration for being permitted to enter and remain at the Facility and receive the services provided inside and/or use the tools, equipment or materials inside it, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns and personal representatives, hereby forever release, waive, discharge, and covenant not to sue and indemnify and hold harmless XYZ Medical Office, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors and assigns (collectively the “Released Parties”) from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19, [*whether caused by the negligence of*] the Released Parties, any third-party using the Facility, or otherwise, while participating in any activity while in, on, or around the Facility.