

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19/SARS-CoV-2**

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Dr. Michael W. Herndon and Dr. Emily Luscri of Intermountain Advanced Clinical Dentistry/Lost Sierra Dental (hereafter called Dental Practice) have put in place preventative measures and invested in sophisticated equipment to reduce the spread of COVID-19 and to assure each patient that their risk of contracting COVID-19 is minimal during your dental appointments; however, the Dental Practice cannot guarantee that you will not become infected with COVID-19 while receiving care.

Additionally, it should be understood that there is no way to verify where exposure to COVID-19 (or any other viral infection) came from as it is currently impossible to trace place-of-exposure or exact timing of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 at the Dental Practice during my treatment. I understand that the risk of becoming exposed to or infected by COVID-19 at the Dental Practice may result from the actions, omissions, or negligence of myself and others including, but not limited to, Dental Practice employees and other patients.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me that I may experience or incur in connection with my appointment with treatment at the Dental Practice ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless the Dental Practice, its employees, agents, and representatives, and other patients of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Dental Practice, its employees, agents, representatives and other patients.

(Signature of Patient)

(Date)

(Print Name of Patient)