

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

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. 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. **The Kid's Dentist** has put in place preventative measures to reduce the spread of COVID-19; however, the practice cannot guarantee that you or your child(ren) will not become infected with COVID-19.

Even though, **The Kid's Dentist**, has put multiple preventive measures in place to reduce the spread of COVID-19, the virus is still impossible to control. Not enough research exists to execute all preventive measures with 100% success. Therefore, **The Kid's Dentist and Associates** cannot, despite their best efforts, their knowledge of infection control and their thorough in-office team training, guarantee that you or your child(ren) will not become infected with COVID-19. Furthermore, attending a dental appointment or simply leaving your home, wherever you may go, can increase your risk and your child(ren)'s risk of contracting COVID-19. Contact with the virus can occur anywhere between your home and the dental office and we cannot control all of our patient's ins and outs, contacts with other people and visits to other establishments. We therefore cannot be held responsible for any contamination that may have occurred around the time of your visit.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by accepting any form of dental service and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that **The Kid's Dentist** has put in place necessary changes in their office setting and their service delivery. The risk of becoming exposed to or infected by COVID-19 at the dental office may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Kid's Dentist employees and/or other patients/people who have visited the office. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance of their dental appointment. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless, **The Kid's Dentist**, its employees, agents, and representatives, 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 Kid's Dentist**, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any dental services.

Patient(s) Names: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____