

COVID INFUSION CENTER

A Division of Wilson Medical

COVID-19 Assumption of Risk and Waiver of Liability

The COVID INFUSION CENTER has preventative measures and controls in place, in accordance with CDC guidelines, to reduce the exposure to COVID-19. However, the COVID INFUSION CENTER cannot guarantee that you will not become infected with COVID-19 if you enter the facility. Entering the COVID INFUSION CENTER could increase your risk of contracting COVID-19. (Print Name), hereby acknowledge the contagious nature of COVID-19 and voluntarily assume any risk that I may be exposed to or infected by when entering the COVID INFUSION CENTER. By signing below, I acknowledge the risks of being exposed to or infected by COVID-19 within the COVID INFUSION CENTER. I voluntarily agree to assume all risks and accept sole responsibility for any injury including, but not limited to illness, disability, or death that I may experience or incur in connection with entering the COVID INFUSION CENTER. I hereby release, waive, and forever discharge any and all liability, claims, and demands of whatever kind or nature against the COVID INFUSION CENTER and its affiliated partners, including without limitation, their directors, officers, employees, volunteers, and agents, either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses whether caused by the negligence, fault, or conduct of any kind on the part of the released parties, including, but not limited to illness, injury, death, economic loss, or any other type of loss or damage, which arises or may hereafter arise from my entrance into the COVID INFUSION CENTER. I understand that by signing this agreement I am giving up legal rights, including the right to recover damages from the organization in case of illness, injury, death, economic loss, or any other type of loss or damage relating to the exposure of COVID-19 at the COVID INFUSION CENTER. I have read and understand the terms of this Assumption of Risk and Waiver of Liability, agree to its terms, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made. Print Signature Date

Patient: MRN: