

**VISITOR COVID-19 WAIVER & RELEASE OF LIABILITY**

**VISITOR NAME.** \_\_\_\_\_

As a visitor at \_\_\_\_\_ (“Facility”), and as evidenced by my signature below, I understand and acknowledge the following:

- I am being allowed access to Facility premises for the purpose of visiting a resident at Facility.
- The COVID-19 pandemic is still ongoing and the virus is contagious, which means that contact with others, even those that are asymptomatic, or contact with surfaces that have been exposed to the virus, can lead to infection.
- To reduce the risk of infection during my visit, I will be required to follow Facility’s visitation rules, which include but are not limited to screening for COVID-19 symptoms, utilizing an appropriate mask during the duration of my visit at Facility, and maintaining social distance during my visit.
- Even when all appropriate interventions and preventative measures are in place, there is a still a risk I will be exposed to or contract COVID-19 while at Facility.
- If I feel I have been exposed to COVID-19 at Facility, I am responsible for obtaining and paying for any and all testing or treatment for COVID-19.
- I am aware of the foregoing risks and conditions and am voluntarily agreeing to enter Facility’s premises.

**WAIVER & RELEASE. IN EXCHANGE FOR ACCESS TO FACILITY PREMISES, IN ACCORDANCE WITH APPLICABLE LAW AND FACILITY POLICY, I AGREE TO ENTER INTO THIS WAIVER AND RELEASE OF LIABILITY (AGREEMENT).**

**BY SIGNING THIS AGREEMENT, I WAIVE AND RELEASE FACILITY, ITS OFFICERS, DIRECTORS, OWNERS, SUBSIDIARIES, EMPLOYEES, CONTRACTORS, AGENTS, AFFILIATES, ATTORNEYS, INSURERS, SUCCESSORS, ASSIGNS, FACILITY RESIDENTS AND OTHER VISITORS FROM ANY AND ALL LIABILITY TO ME, MY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, AND NEXT OF KIN, FOR ANY LOSS, COSTS, CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES OR SUITS AT LAW AND EQUITY OF ANY KIND, INCLUDING BUT NOT LIMITED TO CLAIMS FOR PERSONAL INJURY, MEDICAL EXPENSES, OR WRONGFUL DEATH, ON ACCOUNT OF, OR IN ANY WAY RELATED TO OR ARISING OUT OF, MY EXPOSURE TO OR CONTRACTING COVID-19 WHILE ON FACILITY PREMISES.**

**I HAVE READ, AGREE TO, AND VOLUNTARILY SIGN THIS AGREEMENT EFFECTIVE AS OF THE DATE SET FORTH BELOW.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_