**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. Dominion Plastic Surgery (“DPS”) has put in place preventative measures to reduce the spread of COVID-19; however, DPS cannot guarantee that you will not become infected with COVID-19. As many patients have been hospitalized or suffer comorbidities, there is a higher risk for COVID-19 while being seen in the office.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless DPS, its employees, agents, and representatives, of and from any 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 DPS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my office visit.

By signing this document, I agree that if I am exposed or infected by COVID-19 during my office visit, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I understand that possible exposure to COVID-19 before, during, or after my treatment may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my treatment, I may need additional care that may require me to go to an emergency room or a hospital.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT AND AGREE TO THE ABOVE STATEMENTS.

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Patient or Person Authorized to Sign for Patient Date/Time