



## Johnson Chiropractic Clinic

Dr. Keith M. Johnson

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*EXPERIENCED • COMMITTED • RESPECTED*

### COVID-19 PATIENT ACKNOWLEDGEMENT WAIVER OF LIABILITY AND RELEASE

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

Patient Name: \_\_\_\_\_

**Johnson Chiropractic Clinic of Maple Grove, PA**, (the “Practice”) is committed to providing quality services to its patients. As we closely monitor the spread of the COVID-19 virus (also known as the “2019 Novel Coronavirus”) in our region, we are taking additional precautions in the office to protect the safety of our patients and staff members including providing masks for everyone to wear in the office, reducing the amount of people in the office at any given time, and screening individuals before they enter the office for COVID-19 symptoms.

However, even with these additional precautions in place, inherent dangers and risks will continue to exist that patients coming into our office for patient care services may come in contact with another individual with COVID-19.

BY SIGNING BELOW, YOU HEREBY ACKNOWLEDGE AND AGREE THAT:

- You are fully aware of the inherent dangers and risks that may be involved with respect to COVID-19 and your decision to receive on-site patient care services at our office. You hereby elect to voluntarily receive on-site patient care services at our office, knowing that your on-site presence at our office may involve risks related to COVID-19 and you hereby assume and accept all such risks.
- In consideration for being allowed to continue to receive on-site services at our office, you, on behalf of yourself and your legal representatives and heirs, hereby waive, release and discharge the Practice and its affiliates, and its and their respective directors, officers, shareholders, managers, members, partners, employees and contractors (collectively, the “Practice Parties”) from any and all claims, demands, damages, rights of action or causes of action, present or future (collectively, “Claims”), arising out of or related to COVID-19 and your presence at the Practice offices, including any loss, bodily injury, sickness or death, regardless of whether such Claims arise in tort, contract, strict liability or otherwise, to the fullest extent permitted by law.
- If any court of competent jurisdiction holds any provision herein invalid or unenforceable, the other provision of this COVID-19 Patient Acknowledgement will remain in full force and effect.
- By signing below, you affirm that you have read and understand this COVID-19 Patient Acknowledgement, you are signing it freely and voluntarily, and you are the patient whose name appears above, or you have the authority to sign on behalf of the patient whose name appears above as a parent, legal guardian or authorized representative.

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