COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

- I agree that I am personally responsible for my safety and actions while at Jellison Integrative MD. I agree to comply with all Jellison Integrative MD policies and rules, including but not limited to all Jellison Integrative MD policies, guidelines, signage, and instructions. Because the Jellison Integrative MD office is open to the public and patients, I recognize that I am at higher risk of contracting COVID-19. With full awareness and appreciation of the risks involved, I, hereby forever release, waive, discharge, and covenant not to take action against the Jellison Integrative MD Staff from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained related to COVID-19, whether caused by Jellison Integrative MD or any third-party at Jellison Integrative MD while at or around the clinic.
- I agree to indemnify, defend, and hold harmless Jellison Integrative MD from and against all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made against Jellison Integrative MD due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to the use of the Jellison Integrative MD facilities or materials, whether caused by Jellison Integrative MD or otherwise specifically related to COVID-19.
- By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; I am sufficiently informed about the risks involved in visiting Jellison Integrative MD to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

Patient/ Legal Guardian Printed Name _____

Patient/ Legal Guardian Signature _____

Date _____