

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CRONAVIRUS 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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Carolina Periodontics has put in place comprehensive preventative measures and expended significant sums of money to purchase sophisticated equipment to reduce the spread of COVID-19 and to insure each patient that their risk of contracting COVID-19 is minimal; however Carolina Periodontics cannot guarantee that you will not become infected with COVID-19 while receiving care at Carolina Periodontics.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 at Carolina Periodontics during my treatment. I understand that the risk of becoming exposed to or infected by COVID-19 at Carolina Periodontics may result from the action, omissions, or negligence of myself and others, including, but not limited to, Carolina Periodontics employees and other patients.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me that I may experience or incur in connection with my appointment with or treatment at Carolina Periodontics ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless Carolina Periodontics, its employees, agents, and representatives, and other patients of 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 Carolina Periodontics, its employees, agents, representatives and other patients.

Signature of Patient

Date