



COVID-19 ASSUMPTION OF RISK & WAIVER OF LIABILITY

I _____ (client name) acknowledge that I am requesting an in-person consultation with my attorney. I understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I also understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing and, in many locations, prohibit the congregation of groups of people. I further understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I recognize that _____ (attorney name) and all the staff at Dickinson, Mackaman, Tyler & Hagen P.C. (DMTH) are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this in-person consultation. I hereby acknowledge and assume the risk of becoming infected with COVID-19.

I agree that I am personally responsible for my safety and actions while on premises of DMTH. I agree to comply with all DMTH policies and rules, including but not limited to all DMTH policies, guidelines, signage, and instructions. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue Dickinson, Mackaman, Tyler & Hagen P.C., its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the “Released Parties”) 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 by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party using DMTH, or otherwise, while participating in any activity while in, on, or around DMTH and/or while using any DMTH facilities.

I confirm that I am not currently presenting with any of the following symptoms of COVID-19 listed below:

- Fever • Shortness of Breath • Loss of Sense of Taste or Smell • Dry Cough • Runny Nose • Sore Throat

_____ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.

• I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____ (Initial)

• I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (Initial)

Name _____ Date _____