

WAIVER OF LIABILITY RELATING TO CORONAVIRUS

Dr. Gottlieb Optometry

6418 Del Amo Boulevard, Lakewood, CA 90713 (the "Office")

1. **Risks of Exposure:** The Coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread easily and exponentially from person-to-person contact. While people of all ages are at risk of catching COVID-19, persons with compromised immune systems and older persons may be at particular risk. In light of this, Dr. Gottlieb Optometry has put in place preventative measures to reduce the spread of COVID-19 and requests that:
 - a. Any persons seeking to enter the Office, consent to their temperature being taken prior to entry. In the event that any individual's temperature reading is above the average normal body temperature of 98.6° Fahrenheit, Dr. Gottlieb Optometry reserves the right to refuse service and/or entry of that individual into the Office.
 - b. Only one person, if needed, may accompany the patient to their appointment.
 - c. All persons entering the Office must wear a mask at all times.
 - d. All persons entering the Office must use hand sanitizer upon entry into the Office (hand sanitizer will be provided at no cost).

2. **Representations And Release Of Liability:** By signing this agreement, I hereby represent and acknowledge the following:
 - a. To the best of my knowledge, I am not currently afflicted with, and have not knowingly, within the last 14 days, been in contact with someone afflicted with COVID-19;
 - b. I am not experiencing a fever, or signs of respiratory illness such as cough, shortness of breath or difficulty breathing, or other COVID-19 symptoms;
 - c. I understand that persons may be afflicted with COVID-19 and: (i) not exhibit symptoms; (ii) not be aware that they are afflicted; and/or (iii) may not agree to disclose their condition;
 - d. I agree to inform Dr. Gottlieb Optometry if, after the date this document is signed, (i) there is a change in my health condition; or (ii) I obtain knowledge that potentially puts others at risk or invalidates any of the representations made herein; and
 - e. I understand and voluntarily assume the risk of being exposed to and/or infected by COVID-19 by entering the Office and/or seeking services from Dr. Gottlieb Optometry. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to Dr. Gottlieb Optometry and its employees, and may result in illness, injury, damage, loss, disability and death. I voluntarily agree to assume all of the foregoing risks and hereby release, remise, and forever discharge, Dr. Gottlieb Optometry and its respective agents, employees, representatives, attorneys, insurers, lenders, owners, officers, service providers, affiliates, partnerships, guarantors, related entities, family members, predecessors in interest, and successors in interest, and each of them, from any and all claims, demands, liabilities, and causes of action, whether known or unknown, which could have been asserted in connection with exposure to and/or infection by COVID-19.

Signature

____/____/____

Date (MM/DD/YYYY)