

TREATMENT WAIVER FOR COVID-19

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the UK Government and many other public health authorities still recommend practicing social distancing.

I further acknowledge that The Bay Clinic has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that The Bay Clinic cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, clinic staff, other clinic clients and their families.

I voluntarily seek services provided by The Bay Clinic and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- **I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.**
- **I have not travelled internationally within the last 14 days.**
- **I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.**
- **I have not been diagnosed with Coronavirus/Covid-19 and have not been asked to self-isolate by the health authorities.**
- **I am following all UK Government recommended guidelines as much as possible and am limiting my exposure to the Coronavirus/COVID-19.**
- **I hereby release and agree to hold The Bay Clinic harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the clinic, or that may otherwise arise in any way in connection with any services received from The Bay Clinic. I understand that this release discharges The Bay Clinic from any liability or claim that I, my heirs, or any personal representatives may have against the clinic with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from The Bay Clinic . This liability waiver and release extends to the Clinic together with all owners, partners, and employees.**

Signed **Date:**