



WAIVER AND ASSUMPTION OF LIABILITY FORM

Thank you for seeking services at Quintessential Care (the “Practice”).

The Practice has implemented policies and procedures which are intended to reduce the possible transmission of the COVID-19 virus to our staff and patients. These policies and procedures are based upon, and are intended to comply with, guidance provided by the Federal and State governments, as well as by the American Medical Association. We expect and appreciate your full and complete cooperation and compliance with these measures as they are intended to safeguard everyone’s health and well-being. If you refuse to comply with our policies, we may not be able to complete or continue your treatment.

There is no guarantee that, despite our best efforts, the policies and procedures we have implemented will be effective to prevent a patient or staff member from being exposed to or contracting the virus. Accordingly, by signing where indicated below, you acknowledge and confirm your understanding and agreement that by coming to our office and obtaining treatment or care, you have knowingly and voluntarily assumed this risk and you hereby release the Practice, its employees, owners, officers, directors and managers from any liability in the event that you contract the virus as a result of your visit to our office today, whether from the treatment or care provided to you, from any products which we may provide or sell to you, or from your interaction with others in our office. You agree that you understand the information herein and have been given the opportunity to ask related questions.

Date: _____

Signature

Printed Name of Patient