



VISIONARY CARE CONSULTANTS COVID-19 ACKNOWLEDGEMENT AND LIABILITY WAIVER AGREEMENT

1. I am entering into this Agreement as a condition of continuing to receive services from Visionary Care Consultants.
2. I am aware of Coronavirus Disease 2019 (“COVID-19”) and that it can cause serious and potentially life-threatening illness and even death. I am aware persons who are elderly or have health conditions are more susceptible to the most severe symptoms of COVID-19 and even death.
3. I understand that COVID-19 is highly contagious, and I should limit my exposure to COVID-19. I further understand that Aging Life Care Professionals of Visionary Care Consultants, who will be providing services for me may interact with multiple people daily and may be exposed to COVID-19.
4. I acknowledge that I am assuming the risk of being exposed to, or contracting, COVID-19 in utilizing the services of Visionary Care Consultants, and they make no assurances, promises, or guarantees against my exposure or infection.
5. On behalf of myself, my family, heirs, and personal representatives(s), I hereby forever release, waive, discharge, and covenant not to sue Visionary Care Consultants, its owners, directors, officers, employees, agents, and contractors from and against any and all liability for any harm, injury, damage of any nature, including serious illness and death, arising out of or related to my being exposed to, or contracting, COVID-19, even if caused by the negligence or carelessness of the same (except intentional wrongdoing, willful misconduct, or gross negligence).
6. I sign this Agreement voluntarily. No representations, statements, or inducements, apart from what may be contained in this Agreement, have been made.
7. If any term or provision of this Agreement shall be held illegal or unenforceable, the validity of the remaining portions shall not be affected thereby, and a court may modify this Agreement to the extent necessary to give effect to the intention of the parties.

THIS IS A WAIVER OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Printed Name

Signature

Date

Visionary Care Consultants

Authorized Representative

Date