



## Consent Form:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, provincial, and local governments and federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The IV Health Centre Inc. (the “**Centre**”) & Dr. Erica Kubanek Inc. (the “**Doctor**”) has put in place preventative measures to reduce the spread of COVID-19; however, the Centre & Doctor cannot guarantee that you will not become infected with COVID-19. Further, attending the Centre could increase your risk of contracting COVID-19.

By signing this waiver, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by attending the Centre and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at the Centre may result from the actions, omissions, or negligence of the Centre, Doctor, and others, including, but not limited to, the Centre & Doctor, practitioners, contractors, and employees. By signing this waiver, you voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to yourself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that you may experience or incur in connection with your attendance at the Centre (the “**Claims**”). You hereby release, covenant not to sue, discharge, and hold harmless the Centre & Doctor, its directors, officers, employees, practitioners, contractors, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. You understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Centre & Doctor, its directors, officers, employees, practitioners, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attendance at the Centre.

You further agree to indemnify and hold harmless the Centre & Doctor from any Claims made by third parties resulting from your attendance at the Centre.

By signing this waiver you represent and warrant that you (i) are not subject to any required or recommended quarantine period; (ii) have not travelled outside of the province of British Columbia in the last 14 days; (iii) are not presently experiencing any symptoms of COVID-19 including, without limitation, fever, cough or shortness of breath; and (iv) have not interacted with anyone in the last 14 days who has a suspected and/or diagnosed case of COVID-19.

Patient Name Print: \_\_\_\_\_

Patient Name Signature: \_\_\_\_\_

Date: \_\_\_\_\_