

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/ COVID-19**

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is considered extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, provincial and local governments and Public Health recommend to continue social distancing and have, in many locations or instances, prohibited the congregation of groups of people larger than 5.

Please rest assured that we, at **Milltown Dental**, have kept our knowledge of the ever evolving and changing guidelines up to date and we have not only followed the recommended precautions, but added some additional protective equipment and preventive behaviors in order to keep all of you safe. Our team is honoured to have you as patients, and just like we take our own health and that of our families very seriously, we don't take your trust lightly and you can be confident that we do everything in our power to ensure your safety while continuing to provide Elite level dental care.

Even though Milltown Dental has put in place multiple preventive measures to reduce the spread of COVID-19, the nature of the virus is that it is still impossible to fully control its spread and not enough research yet exists to execute all preventive measure with 100% certainty of success. Therefore, **Milltown Dental and Dr Julie Boudreault cannot, despite their best efforts, their knowledge of infection control, their thorough in-office team training to execute the strict new guidelines, guarantee that you or your child(ren) will not become infected with COVID-19.** Further, leaving your home, wherever you decide to go, could increase your risk and your child(ren)'s risk of contracting the virus: contact with the virus can occur anywhere between your home and the dental office and we cannot control all of our patients ins and outs, contacts with other people and visits to other establishments. We therefore cannot be held responsible for any contamination that may have occurred around the time of your visit to our office.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by accepting any form of dental service and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that Milltown Dental has put in place the necessary changes in their office setting, their service delivery, and has thoroughly trained every member of the team as per the recommendations of the Ministry of Health and Public Health Departments but that the risk of becoming exposed or infect by COVID-19 at Milltown Dental may involuntarily result from the actions, omissions, or negligence of myself and others, including, but not limited to, Milltown Dental employees and / or other patients/people who visit the office.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself ( including, but no limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the dental office. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Milltown Dental and Dr Julie Boudreault, Milltown Dental's employees, 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. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the dental office, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after visiting Milltown Dental.

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Signature of Parent/Guardian/Patient

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Date

\_\_\_\_\_  
Print Name of Parent/Guardian/Patient

\_\_\_\_\_  
Date