

EMPLOYEE DOCUMENT

DO NOT USE THIS DOCUMENT AS IS. IT NEEDS TO BE MODIFIED TO FIT
INDIVIDUAL DENTAL PRACTICES.

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 extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

("Dental Practice") has put in place preventative measures to reduce the spread of COVID-19; however, the Dental Practice cannot guarantee that you will not become infected with COVID-19. Further, being on premises as an employee at the Dental Practice could increase your risk of contracting COVID-19.

By signing this agreement, I (hereinafter sometimes "Employee") acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by my employment at the Dental Practice and that such exposure or infection may result in personal injury, illness, and permanent disability. I understand that the risk of becoming exposed to or infected by COVID-19 at the Dental Practice may result from the actions, omissions, or negligence of myself and others, including, but not limited to patients, dentists, owners, and other Dental Practice employees.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my employment at the Dental Practice ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Dental Practice, its owners, agents, representatives and my co-employees 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 Practice, its owners, my co-employees, agents, representatives, and patients.

Employee Signature

Print Name of Employee