

Dear Valued Patient,

Due to the Covid-19 pandemic, we ask that you carefully read and sign the following waiver before coming into the clinic. We assure you that we have complied with all protocols as mandated by the Ministry of Health and the College of Optometrists. Your health and well being, as well as that of ourselves and our staff, is our priority. We will do everything possible to protect you and the spread of Covid-19. Please check our website for all protectives and protocols that are being implemented at “hamiltoneyedocs.com”

If you have any questions, please call our office: 905-385-3661

RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

I, _____, hereby acknowledge that I have agreed to meet with Dr. _____ (the “HCP”) at Family Eye Care- 1C-66 Mall Rd; Hamilton ,Ontario (the “Facility”) for the purpose of receiving eye care services. I also have agreed to meet with the Facility, their officers, directors, employees, agents and volunteers (the “Releasees”).

I acknowledge and accept that there is a risk that I could be exposed to Covid-19 while attending at the Facility. I also acknowledge and accept that while receiving services, the HCP and/or Releasees, may need to be closer than the recommended social distancing guidelines in order to assess and/or treat me. I acknowledge and confirm that I am willing to accept this risk as a condition of attending at the Facility to receive services from the HCP and/or Releasees.

In consideration of the HCP and/or Releasees agreeing to see me in person at the Facility, I agree to release the HCP and/or the Releasees from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to Covid-19 during my visit to the Facility and/or through the provision of services to me by the HCP and/or the Releasees.

I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the HCP and/or the Releasees based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to Covid-19 while attending the Facility and/or through the provision of services to me by the HCP and/or the Releasees. I further acknowledge that the Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the term as set out above. I acknowledge that I am signing this Release Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

Signature of Patient: _____

Dated: _____