Miller and Associates
FAMILY DENTISTRY

Toll-Free: 855-3MY SMILE
www.denturesinaday.com

- 2803 Neuse Blvd
  New Bern , NC 28562
  Ph: 252-672-0066
  Fax: 252-672-0055
- 461 Western Blvd
  Ste 104
  Jacksonville , NC 28546
  Ph: 910-346-2202
  Fax: 910-346-2216
- 808A N Berkeley Blvd
  Goldsboro, NC 27534
  Ph: 919-778-7311
  Fax: 919-778-7310
- 5380 HWY 70 W, Ste. D
  Morehead City, NC 28557
  Ph: 252-515-7779
  Fax: 252-515-1738

Release of Liability

The waiver, release and other representations and covenants set forth herein are given in consideration for Miller and Associates for performing dental procedures.

Acceptance of Risk; Release; Indemnification.

1. I _____, am fully aware and acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID-19 by entering Miller & Associates Family Dentistry and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

2. I will follow all of the protocols provided in the adjoining letter.

3. I certify that neither I, nor anyone in my household, nor any child that is accompanying me,

    a. Has tested positive or has been presumed positive for COVID-19 at any time during the past 14 days;
    b. Has been advised by a healthcare professional to self-quarantine at any time during the past 14 days;
    c. Has been in close physical contact with someone who has tested positive for COVID-19 or who has been presumed positive for COVID-19, during the past 14 days; or
    d. Is subject to a quarantine order of a recommendation of a healthcare profession that in either case, would make it inadvisable to have dental work performed at Miller and Associates Family Dentistry; or
    e. Has, within the past 24 hours, exhibited any of the following symptoms: fever of 100.4 or greater, cough, shortness of breath.

4. On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my and/or my child's entry to Miller & Associates Family Dentistry and I hereby forever release, waive, relinquish, and discharge Miller & Associates Family Dentistry, along with their officers, agents, owners, employees, or other representatives, and their successor and assigns (collectively, the "Miller Representatives") from any and all claims, demands, liabilities, rights, damages, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child being treated at Miller & Associates Family Dentistry, including but not limited to those related to the above described personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any Miller & Associates Representatives, or any of Miller & Associates Representatives, and agree to indemnify and hold them harmless from any and all Damages resulting from my being treated at Miller & Associates Family Dentistry.

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DO NOT SIGN IF YOU HAVE NOT CAREFULLY READ THIS ENTIRE RELEASE OF LIABILITY, BY SIGNING BELOW YOU AGREE TO EVERYTHING IN THIS RELEASE OF LIABILITY.

READ CAREFULLY—BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

Print Name _____ SIGNATURE _____

DATE _____

Parent/Legal Guardian (If patient is under 18 years old or subject to guardianship)

Print Name _____ SIGNATURE _____

DATE _____