

COVID-19 Consent and Waiver of Liability

By entering our establishment today, you are consenting to all of the above conditions, *including the potential risk of coronavirus exposure, illness and even death*. You further agree to hold St Louis Skin Solutions, its employees and affiliates, harmless in regards to any and all coronavirus/COVID 19 related claims. This hold harmless consent shall extend to all of your heirs, executors, assigns, administrators or personal representatives.

If you are uneasy with any of these issues or conditions, we will cancel your visit at no penalty to you with no questions asked.

St. Louis Skin Solutions as a medical practice complies with all CDC recommendations and guidelines. Despite these precautions, due to the nature of the Covid 19 novel coronavirus pandemic, no in person social interaction or medical interaction can be guaranteed to be completely free from risk of transmission.

I acknowledge the above, consent to the risk of potential coronavirus/COVID 19 exposure, illness and even death. I understand such exposure could occur before, during or after my visit.

I further agree to hold St Louis Skin Solutions their employees, and affiliates harmless in regards to any and all coronavirus/Covid 19 related claims. This hold harmless shall extend to all of my heirs, executors, assigns, administrations, and/or personal representatives.

I have been offered the opportunity to reschedule or cancel today's visit without penalty, and choose to proceed voluntarily. All of my questions have been answered satisfactorily.

Signature----- Date-----

Patient Name-----