

VISITOR INFORMED CONSENT & ASSUMPTION OF RISK

INFORMED CONSENT:

I acknowledge that I have been fully informed of all of the following:

1. That there is a risk that by visiting Three Pillars Senior Living Communities hereinafter "FACILITY" I could be exposed to the COVID-19 virus;
2. That as FACILITY caregivers are providing care and assistance to residents, FACILITY caregivers must be in close contact with residents. While FACILITY caregivers are trained to mitigate the risks of virus transfer, caregiver assistance necessarily involves close contact or actual physical contact with residents, as well as shared contact among surfaces.
3. Although all staff members, including caregivers, take precautions to minimize the risk of virus transfer, at this time it would appear that the risk of COVID-19 transmission cannot be fully eliminated and that FACILITY cannot guarantee that it can provide an environment that is free from the risk of COVID-19 transmission.
4. That FACILITY cannot guarantee that I will not contract the COVID-19 virus from contact with a FACILITY resident or staff member, or from touching a surface within the FACILITY.
5. That I understand that if I were to contract the COVID-19 virus I could become ill and possibly die.
6. That I am aware that my name may be given to public health officials for contact tracing which could result in public health officials asking me to be tested for COVID-19 should new cases develop in the facility.

ASSUMPTION OF RISK:

Upon signing this Agreement and forever thereafter, I agree that if I chose to visit FACILITY, I assume the risk that I may be exposed to, and possibly contract, the COVID-19 virus and possibly die, as a result of my presence in the FACILITY.

I agree that I am knowingly and voluntarily assuming all risk to myself, known and unknown, associated with the potential exposure to the COVID-19 virus, up to and including death.

I further expressly agree that the foregoing Informed Consent and Assumption of Risk is intended to be as broad and inclusive as permitted by the law of the state of Wisconsin, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Informed Consent and Assumption of Risk constitutes the sole and entire agreement between FACILITY and myself with respect to its subject matter and supersedes all prior and contemporaneous understandings, both written and oral, with respect to said such subject matter.

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- **I AGREE TO FOLLOW ALL FACILITY INFECTION CONTROL PROTOCOLS, INCLUDING SCREENING AT THE TIME I ARRIVE AT THE FACILITY;**
- **I AGREE TO WEAR PPE AT ALL TIMES WHILE AT THE FACILITY AND UNDERSTAND THAT MY FAILURE TO DO SO WILL RESULT IN MY IMMEDIATE REMOVAL FROM THE FACILITY PREMISES.**
- I ACKNOWLEDGE THAT I HAVE THE LEGAL AUTHORITY TO SIGN ON MY BEHALF.
- I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS MEANING. I HAVE BEEN ADVISED THAT I SHOULD CONSULT MY LAWYER PRIOR TO EXECUTING THIS AGREEMENT.
- I FURTHER ACKNOWLEDGE THAT I HAVE READ AND VOLUNTARILY SIGNED THIS AGREEMENT AND THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE.

PLEASE PRINT LEGIBLY

Visitor Name _____ Mobile Phone _____

Home Phone _____ Email _____

Address _____ City _____

State _____ ZIP _____

Visitor Signature _____ Date _____

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