

COVID-19 Unit Visitor Release and Waiver of Liability Form

This Release and Waiver of Liability (“Release”) is entered into as of the ___ day of _____, 20__ by _____ (“Visitor”) and Kettering Adventist Healthcare dba Kettering Health Network, an Ohio nonprofit corporation, on behalf of itself, affiliates, and subsidiaries, including its’ officers, directors, employees and agents (collectively referred to as “KHN”).

The novel coronavirus (“COVID-19”) is a contagious disease that is not well understood. Visitation to patients with COVID-19 in hospitals has been limited nationwide to prevent the spread of the disease. KHN is currently treating patients with COVID-19 and many patients have expressed the desire for contact with a visitor while they are receiving treatment.

KHN supports this request and is willing to accommodate visitors to COVID-19 patients under certain conditions and provided Visitor follows all visitation rules and regulations including all COVID-19-specific precautions, as outlined on this form. Visitor understands and accepts that he or she may only be allowed to visit a COVID-19 patient in the patient’s room (“Visit”), under those specific conditions.

Visitor understands and agrees to provide KHN with a release and waiver of liability prior to engaging in a/any Visit as follows:

1. **Assumption of Risk:** Visitor understands that participating in a Visit may be hazardous to Visitor. Visitor hereby expressly assumes full responsibility for the risk that Visitor may be exposed to or infected by COVID-19 and releases KHN and its directors, officers, employees, agents and volunteers, and its successors and assigns, from all liability. Visitor understands and acknowledges that given that this is a novel virus, it is not possible to fully list every individual risk of contracting COVID-19.

For Visitor and on behalf of Visitor’s heirs, assigns, personal representatives and next of kin, Visitor hereby releases and holds harmless KHN and its officers, directors, employees and agents, with respect to any and all illness, disability, death, or damage to person or property associated with exposure to COVID-19 during a Visit, whether arising from the negligence of KHN or otherwise, to the fullest extent permitted by law.

2. **Conditions of Visit and Visitor:** Visitor understands that wearing the personal protective equipment (“PPE”) provided by KHN, in the manner instructed, is a condition of a Visit. KHN reserves the right to terminate a Visit if a Visitor is not complying with instructions for wearing PPE. For the safety of patients, staff, and all visitors, Visitor understands and agrees to notify KHN of any COVID-19 symptoms or diagnosis prior to scheduling a Visit or participating in a Visit, as applicable. KHN may, in its sole discretion, deny a Visit based on a Visitor’s health condition, including but not limited to COVID-19 symptoms. KHN also reserves the right to prohibit or terminate a Visit for any reason deemed appropriate and/or consistent with KHN policies.

3. **Other:** Visitor expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Visitor agrees that if any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, Visitor expresses Visitor’s understanding and intent to enter this Release and Waiver of Liability willingly, knowingly, intelligently, and voluntarily.

Signature (Parent/Guardian if Visitor under 18)

_____, 20__
Date

Print Name of Visitor (Parent/Guardian if under 18)

COVID-19 Unit Visitor Rules and Regulations

- There will only be one designated Visitor permitted during a patient's admission to the facility.
- The designated Visitor cannot be changed during a patient's admission unless extenuating circumstances arise, and the change is approved by a nurse manager.
- No visit will be permitted unless the Visitor signs the COVID-19 Unit Release and Waiver of Liability Form.
- No visit will be allowed if the Visitor does not pass the COVID-19 screening process.
- All visits must be scheduled in advance of the visit, preferably a day in advance.
- No visit will be allowed if a Visitor shows up unannounced without a scheduled visit.
- The length of the visit will be restricted to two hours between the hours of 8 am to 8 pm, unless extenuating circumstances arise, and a visit outside of the aforementioned time parameters is approved by a nurse manager.
- Visitor cannot bring any food or items of any kind to give to the patient.
- Visitor must be screened at the entrance to the facility.
- Visitor must then present directly to the nurses' station of the COVID-19 Unit before entering the patients' room.
- Visitor must wear hospital provided personal protective equipment, which includes gown, gloves, and isolation mask. Visitor will also be provided with the option of wearing a face shield or goggles. Either are acceptable.
- Failure to wear the personal protective equipment at any time during the visit, save for the optional face shield, will result in the termination of the visit and the potential loss of future visitation privileges.
- Visitor must remain in the patient's room for the entire visit.
- Visitor must notify staff when the visit is complete.
- Visitor must permit staff to assist with removal of personal protective equipment, hand hygiene, and any other intervention which is warranted to facilitate a safe departure.
- Visitor must promptly exit the unit and the facility once the visit is complete.