



VISITOR INFORMED CONSENT, ASSUMPTION OF RISK, WAIVER AND RELEASE

PLEASE PRINT LEGIBLY

Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

INFORMED CONSENT:

I am over 18 years of age and acknowledge that I have been fully informed of all of the following:

(a) That there is a risk that by allowing me to visit a Resident of Still Hopes Episcopal Retirement Community, hereinafter "SHERC", **during the ongoing pandemic**, that I could be exposed to the COVID-19 virus, and/or I could expose the Resident I am visiting to COVID-19;

(b) That at this time it would appear that the risk of COVID-19 transmission cannot be fully eliminated and that SHERC cannot guarantee that it can provide an environment that is free from the risk of COVID-19 transmission.

(c) That SHERC cannot guarantee that I will not contract the COVID-19 virus from contact with a Resident or Staff member;

(d) That I understand that if I were to contract the COVID-19 virus I could become ill and possibly die;

(e) 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 at SHERC.

ASSUMPTION OF RISK:

Upon signing this Agreement and forever thereafter, I agree that if I choose to visit a Resident at SHERC, 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 contact with the Resident.

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 from the Resident, up to and including death.

WAIVER and RELEASE:

I agree, on behalf of myself, my spouse, children, personal representatives, heirs, executors, administrators, agents, and assigns, that if I am allowed to visit a Resident during the ongoing pandemic, that I will forever release and discharge SHERC and all of its employees, agents, representatives, affiliates, successors, insurance carriers and assigns, from any and all claims or causes of action (known or unknown) arising out of or relating to my potential exposure to the COVID-19 virus by the Resident that I requested I be allowed to visit.

I further expressly agree that the foregoing Informed Consent, Assumption of Risk, Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the state of South Carolina, 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, Assumption of Risk, Waiver and Release constitutes the sole and entire agreement between SHERC 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.

I agree to follow all SHERC infection control protocols, including screening at the time I arrive.

I agree to wear PPE at all times while at or in the SHERC and understand that my failure to do so will result in my immediate removal from the SHERC property.

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.

Visitor Name (PRINT) _____

Visitor Signature _____ Date _____

This request is to visit the following SHERC Residents:

**STILL HOPES
USE ONLY:**
Received on: _____
Approved on: _____
Approved by: _____

Attach an additional sheet if necessary. Return completed form to indoorvisit@stillhopes.org. Contact 803.739.5006 with questions.