



Visitor Informed Consent & Assumption of Risk

PLEASE PRINT LEGIBLY. ALL visitors to Carolina Village must complete this form PRIOR TO entry to campus will be permitted.

Visitor Name _____

Visitor 2 Name (if applicable) _____

Visitor 3 Name (if applicable) _____

Visitor 4 Name (if applicable) _____

Street _____ City _____ State _____ ZIP _____

Phone Numbers (C) _____ (H) _____

Email Address _____

Resident(s) You Are Visiting _____

INFORMED CONSENT

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

- (a) That there is a risk that by entering Carolina Village I could be exposed to the COVID-19 virus;
- (b) That as Carolina Village is providing care and assistance to residents, Carolina Village staff members must be in close contact with residents. While Carolina Village staff members are trained to mitigate the risks of virus transfer, staff's role and caregiving necessarily involves close contact or actual physical contact with residents, as well as shared contact among surfaces;
- (c) **That I am NOT permitted in ANY common area, except elevators and in traveling between the resident's home and the parking lot.** I should use the shortest distance between these locations to enter and exit the building. Common areas, including hallway common spaces next to laundry rooms, will remain closed. To keep enclosed spaces as safe as possible, elevator use will be restricted to those who live in or are visiting the same household.

- (d) That 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 Carolina Village cannot guarantee that it can provide an environment that is free from the risk of COVID-19 transmission;
- (e) That Carolina Village cannot guarantee that I will not contract the COVID-19 virus from contact with a Carolina Village resident or staff member, or from touching a surface within/on the campus of Carolina Village;
- (f) That I understand that if I were to contract the COVID-19 virus I could become ill and possibly die; and
- (g) 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 enter Carolina Village, 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 at Carolina Village.

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 North 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 and Assumption of Risk constitutes the sole and entire agreement between Carolina Village 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 CAROLINA VILLAGE INFECTION CONTROL PROTOCOLS, INCLUDING SCREENING AT THE TIME I ARRIVE AT CAROLINA VILLAGE;

I AGREE TO WEAR PERSONAL PROTECTIVE EQUIPMENT AT ALL TIMES WHILE ON CAROLINA VILLAGE'S CAMPUS AND UNDERSTAND THAT MY FAILURE TO DO SO WILL RESULT IN MY IMMEDIATE REMOVAL FROM CAROLINA VILLAGE.

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 Signature _____ Date _____

If person listed above is under age 18 or has a Legal Power of Attorney:

Guardian Printed Name _____

Guardian Signature _____ Date _____