



# + Visitation Attestation and Waiver

Date: \_\_\_\_\_

Visitor Name: \_\_\_\_\_

Name of Resident You are Visiting: \_\_\_\_\_

**By visiting a LifeStream Resident, you attest that at the time of the visit:**

- You were **tested for COVID-19** on \_\_\_\_\_ (date of test) and received a **NEGATIVE** result (must be within 48 hours of today’s visitation time). Please **attach a copy of the results** and indicate the type of test:  
 PCR or  Antigen; **EXCEPTIONS:**
  - **Outdoor visit only** (no test required). You are **ONLY** visiting in one of the Community’s designated outdoor areas; or,
  - **Previously positive and recovered** (attach prior test results dated within the last 90 days). Within the last 90 days, you have **tested positive for and have recovered** (as defined by Maricopa County Public Health) from COVID-19.
- You **certify** that you have been **safely isolated** in the time between when the COVID-19 test was performed and your visit today.
- You acknowledge that at the time of your visit you are **NOT experiencing any flu-like signs or symptoms of COVID-19**, including fever (temperature of 100.0 degrees or more), chills, muscle/body aches, cough, shortness of breath, new-onset loss of taste or smell and other respiratory-like illness.  
 Temperature \_\_\_\_\_ (Staff initials \_\_\_\_\_)
- To the **best of your knowledge**, you do not believe you have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within the last 14 days.
- You **have not** been diagnosed with Coronavirus/COVID-19, or if you have, you have been cleared as non-contagious by state or local public health authorities.
- You **are following** all CDC recommended guidelines as much as possible and limiting your exposure to the Coronavirus/COVID-19.

**COVID-19 Safety Information**

COVID-19 is extremely contagious and is spread mainly from person-to-person contact. LifeStream has put in place preventative measures to reduce the spread of COVID-19. However, LifeStream cannot guarantee that you or its Residents will not become infected with COVID-19. While you are visiting a LifeStream Resident, you must comply with all safety guidelines, including: wearing an approved mask at all times and encouraging the Resident to do so as well; social distancing by observing a 6’ Comfort Zone; sanitizing your hands upon entry to the community and to the designated visitation area; remaining in the designated visitations space; and, limiting physical contact with the Resident as much as possible.

**Duty to Self-Monitor**

I agree to **self-monitor for signs and symptoms** of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and to **contact the Community Executive Director** if I begin to experience symptoms of COVID-19 or test positive for COVID-19 within 14 days after my visit.

**RELEASE AND WAIVER**

**I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST LIFESTREAM COMPLETE SENIOR LIVING, INC. AND ITS AFFILIATED COMPANIES, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE “RELEASED PARTIES”), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY VISITATION WITHIN A LIFESTREAM COMMUNITY.**

## Assumption of The Risk

### I acknowledge and understand the following:

1. **Visitation includes possible exposure** to, and illness from infectious diseases including but not limited to, COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. **I knowingly and freely assume all such risks** related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. **I hereby knowingly assume the risk** of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

**BY PROCEEDING WITH VISITATION, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
LifeStream Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date