

COVID-19 Liability Waiver and Consent Form

Please read this document carefully. By signing this document, you acknowledge the risk of contracting COVID-19 and agree to waive certain legal rights regarding liability.

1. Acknowledgment of COVID-19 Risks

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending or participating, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

2. Health Representation and Covenants

By filling out the details below, I confirm that I, and all members of my household:

- Are not currently experiencing any symptoms of COVID-19 (such as fever, cough, shortness of breath, fatigue, muscle aches, or loss of taste/smell).
- Have not traveled internationally or to any highly impacted areas within the last 14 days.
- Have not been diagnosed with COVID-19 within the past 14 days.
- Do not believe we have been exposed to someone with a suspected or confirmed case of COVID-19.

3. Assumption of Risk and Waiver of Liability

I hereby release, covenant not to sue, discharge, and hold harmless the organization, its employees, agents, and representatives, of and from any and all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to my participation. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program or activity.

4. Participant Information and Agreement

Participant Full Name:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

Type "I AGREE" to confirm you accept the terms above:

Signature (Type Name to Sign):

Date (MM/DD/YYYY):