

# Health and Safety COVID-19 Indemnity Agreement

This Health and Safety COVID-19 Indemnity Agreement ("Agreement") is entered into by and between:

**Participant Name:** \_\_\_\_\_

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

In consideration of being permitted to enter the premises and participate in activities operated by the organization, I, the undersigned, hereby acknowledge and agree to the following:

## COVID-19 Risk Acknowledgement

- I am fully aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the premises or activities.
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, illness, damage, loss, or expense of any kind that I may experience in connection with entry or participation.

## Health Declaration

- I confirm that, to the best of my knowledge, I am not currently experiencing symptoms of COVID-19 (fever, cough, shortness of breath, loss of taste/smell, etc.).
- I have not tested positive for COVID-19 in the past 10 days or been in close contact with anyone confirmed to have COVID-19 within the past 10 days.

## Compliance with Health & Safety Measures

- I agree to comply with all local, state, and organizational health and safety guidelines, including wearing face coverings, practicing physical distancing, and observing hygiene protocols as required.
- I agree to promptly notify the organization should I develop symptoms or test positive for COVID-19 within 14 days after attending.

## Indemnification

- I hereby release and hold harmless the organization and its affiliates, officers, directors, employees, agents, and representatives from any and all liability for injury or illness in connection with exposure to or infection by COVID-19.

By signing below, I confirm that I have read and understood this Agreement and voluntarily accept its terms.

\_\_\_\_\_  
Signature of Participant/Guardian

\_\_\_\_\_  
Date