

COVID-19 Liability Waiver Form

Please read and complete the following COVID-19 Liability Waiver prior to participating in any activity, event, or service. Your safety and the safety of others is our top priority.

Participant Information

Full Name

Email Address

Phone Number

COVID-19 Disclosure

I acknowledge and agree to the following:

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I am not experiencing any symptoms of COVID-19 (including cough, shortness of breath, fever, chills, headache, sore throat, loss of taste/smell).

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I have not been diagnosed with COVID-19 in the past 14 days.

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I have not knowingly been in close contact with anyone with COVID-19 in the past 14 days.

☐

I have not traveled internationally or to any COVID-19 hot spots in the last 14 days.

Waiver and Release of Liability

I hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in activities and that such exposure may result in personal injury, illness, permanent disability, and death. I voluntarily agree to assume all risks and accept sole responsibility for any injury or damages.

I hereby release, covenant not to sue, discharge, and hold harmless the organizers, their employees, agents, and representatives, from all claims arising out of COVID-19 exposure or infection.

Participant Signature

Date

