

COVID-19 Liability Waiver Form

By signing below, I acknowledge and agree to the following:

- I am 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 visiting this business and its affiliated premises.
- I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and other clients/customers.
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at this facility.
- I hereby release, covenant not to sue, discharge, and hold harmless the business, its employees, agents, and representatives, from any claims related to COVID-19.

Participant Information

Full Name

Email Address

Date

Signature

Participant Signature

Type your full name

Date

If the participant is under 18 years of age, a parent or legal guardian must also sign below:

Parent/Guardian Name

Parent/Guardian Signature

Type full name

Date

