

# Health and Safety Waiver for Visitors

Please read and complete this Health and Safety Waiver before entering the premises. This waiver is to ensure the well-being and safety of all visitors, employees, and affiliates.

Full Name

Contact Information

## Acknowledgment & Agreement

I declare that, to the best of my knowledge, I am not currently experiencing any symptoms related to contagious diseases (such as fever, cough, or shortness of breath), nor have I been in contact with anyone known to be infected in the past 14 days.

I acknowledge the risks associated with entering the premises, and agree to abide by all health and safety policies in effect. I further agree to release, indemnify, and hold harmless the organization and its representatives from any and all liability related to my visit.

Additional Information (optional)

Visitor Signature

Type full name as signature

Date