

Pandemic Risk Assumption Form

Personal Information

Full Name

Date

Address

Email

Phone Number

Acknowledgement of Risk

By signing below, I acknowledge and understand that participation in this activity may carry a risk of exposure to pandemic-related illnesses, including but not limited to COVID-19 and similar infectious diseases. I accept these risks voluntarily.

Additional Comments or Relevant Information

Participant's Signature

Date

Guardian's Signature (if under 18)

Date