*"Our vision statement –"We will strive to be a fraternity that fulfills our Masonic obligation to care for our members"—IS our Vision Statement and will stay that way!*

### COVID-19 RELEASE

I am a member (or guest) of a Valley of the Jurisdiction of Pennsylvania of the Northern Masonic Jurisdiction (the "NMJ") and desire to voluntarily participate in Valley activities, including, without limitation, its extra, special and stated meetings and Reunions (collectively, "Valley Activities").

I AM AWARE OF THE HAZARDS OF THE NOVEL CORONAVIRUS ("COVID-19") AND AM FAMILIAR WITH THE CENTERS FOR DISEASE CONTROL ("CDC") GUIDELINES REGARDING COVID-19. I ACKNOLWELEDGE AND UNDERSTAND THE CIRCUMSTANCES REGARDING COVID-19 ARE CHANGING FROM DAY TO DAY AND THAT, ACCORDINGLY, THE CDC GUIDELINES ARE REGULARLY MODIFIED AND UPDATED AND I ACCEPT FULL RESPONSIBILITY FOR FAMILIARIZING MYSELF WITH THE MOST RECENT UPDATES AND RECOMMENDATIONS.

I UNDERSTAND AND AGREE THAT MY PARTICIPATION IN VALLEY ACTIVITIES, IN ANY CAPACITY, OFFICE, STATION OR POSITION, IS ABSOLUTELY AND COMPLETELY VOLUNTARY.

I AGREE TO FULLY ASSUME FOR MYSELF AND MY HEIRS, SUCCESSORS AND ASSIGNS ALL RISKS RELATING TO COVID-19, INCLUDING, WITHOUT LIMITATION, THE RISK OF CONTRACTING OR BEING INFECTED WITH COVID-19, AND ABSOLUTELY, CONCLUSIVELY, COMPLETELY AND VOLUNTARILY RELEASE AND HOLD HARMLESS THE VALLEY, THE PENNSYLVANIA COUNCIL OF DELIBERATION AND THEIR RESPECTIVE AFFILIATES, MEMBERS, MANAGERS, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES OR LOSSES OF ANY KIND THAT MAY BE CAUSED IN WHOLE OR IN PART BY, ARISE FROM, OR RELATE TO ANY ILLNESS OR DEATH RELATING TO OR ARISING FROM COVID-19, WHETHER OR NOT CAUSED BY OR RELATED TO MY PARTICIPATION IN VALLEY ACTIVITIES.

I am signing this Covid-19 Release with an understanding of its contents and with the intention to be legally bound by it.

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| Printed Name of Member (or guest) | Printed Name of Witness |
| | |
| Signature of Member (or guest) | Signature of Witness |
| | |
| Date | Date |