

HAUNTS OF LITTLETON 2020

Waiver and Release of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness, temporary or permanent disability, and even death.

The producer and operator of Haunts of Littleton, Friends of 444 Foundation, a Colorado nonprofit corporation (“Foundation”), cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while participating in Haunts of Littleton, even though Foundation intends to require participants to wear face coverings and to maintain physical-distancing. It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in Haunts of Littleton, you may be exposing yourself and your child(ren) to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. I acknowledge the contagious nature of COVID-19, and I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) in order to participate in Haunts of Littleton. Participating in Haunts of Littleton is of such value to me and/or to my child(ren) that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in Haunts of Littleton in person. Considering the foregoing, however, I (below-named Parent/Legal Guardian) grant permission for my below-named child(ren) to attend and participate in Haunts of Littleton, notwithstanding the risks associated with COVID-19 and group activities.

WAIVER OF LAWSUIT/LIABILITY: On behalf of myself, my below-named child(ren), my spouse, and our successors, assigns, heirs, personal representatives, insurers, and creditors, I hereby forever release and waive my right to bring suit against Foundation and its directors, officers, members, employees, volunteers, agents, attorneys, and other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in Haunts of Littleton. I understand that this waiver means I give up my right to bring any claims including for personal injuries, temporary or permanent disability, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the laws of the State of Colorado shall apply to this Waiver and Release, which is contractual in nature.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS WAIVER AND RELEASE, AND I FREELY AND KNOWINGLY ASSUME THE RISKS AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Reservation Name: _____

Tour Date & Time: _____

Participant #1:

Signature: _____

Date: _____

Name (printed): _____

Age: _____

Email: _____

Cell#: _____

Participant #2:

Signature: _____

Date: _____

Name (printed): _____

Age: _____

Email: _____

Cell#: _____

Participant #3:

Signature: _____

Date: _____

Name (printed): _____

Age: _____

Email: _____

Cell#: _____

Participant #4:

Signature: _____

Date: _____

Name (printed): _____

Age: _____

Email: _____

Cell#: _____

Parent/Legal Guardian of Minor(s) Listed Above:

I am the parent or legal guardian of the above-named minor(s). I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver and Release with respect to, and on behalf of, such individual(s).

Signature: _____

Date: _____

Name (printed): _____

Email: _____

Cell#: _____

