

PASR Travel COVID-19 Liability Waiver

I acknowledge the contagious nature of SARS-CoV-2 (hereinafter “COVID-19”) and that the Center for Disease Control (hereinafter “CDC”) and many other local public health authorities continue to recommend the practice of “social distancing” and/or mask wearing, when social distancing is not possible, to reduce the risks of exposure to COVID-19;

I further acknowledge that while safety measures and personal discipline may reduce this risk of infection; PASR cannot guarantee that I will not become infected with COVID-19. I understand the risk of becoming exposed to and/or infected by COVID-19 does exist; and

I voluntarily seek services provided by PASR and knowingly and freely assume all such risks related to COVID-19. I acknowledge that while attending a PASR event; I must comply with all set procedures, in place, to reduce the spread of COVID-19. By accepting services, you certify that you do not fall into any of the following categories:

* I am not, or have not, in the last fourteen (14) days experienced any symptoms associated with COVID-19, including but not limited to; cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell; or

* I have not traveled at any point in the last fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or

* I do not believe I have been exposed to a confirmed or suspected case of COVID-19 and I have not been diagnosed with COVID-19 within 14 days.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

By signing below, I acknowledge that I have read and knowingly and freely assume all risks and dangers associated with the services provided and do hereby release and forever discharge PASR from any claim whatsoever which arises or may hereafter arise by attending and/or participating in the services provided.

I UNDERSTAND THAT BY SIGNING BELOW, I AM DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO PASR TO THE FULLEST EXTENT PERMITTED BY THE LAW.

Print Name _____

Signature: _____

Date: _____