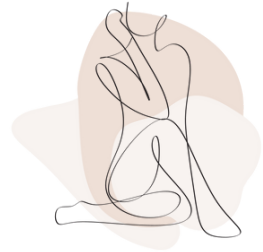


COVID-19 LIABILITY WAIVER & RELEASE FORM



I am aware that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. And I understand that COVID-19 is extremely contagious and believed to spread through person-to-person contact.

Please respond to the following questions truthfully and to the best of your ability.

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Yes ☐ No ☐

- Fever
- Cough
- Fatigue
- Shortness of breath
- Difficulty breathing
- Sore throat
- New loss of taste or smell
- Chills
- Head or muscle aches
- Nausea, diarrhea, vomit
- Congestion or runny nose
- Body or muscle aches

In the past 14 days, have you or anyone in your household traveled outside of _____?

Yes ☐ No ☐

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

Yes ☐ No ☐

Have you been tested for COVID-19 and are waiting to receive test results?

Yes ☐ No ☐

RELEASE AND WAIVER

By signing this agreement, I voluntarily assume the risk that I may be exposed to or infected by COVID-19.

I hereby release and hold harmless _____, from any and all liabilities related to COVID-19 exposure. EVEN IF ARISING FROM THE NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

Print name:

Signature:

Date: