

Assumption of the Risk and Waiver of Liability

The Growing Tree Healing from The Roots organization has put in place preventative measures to reduce the spread of COVID-19; however, the Growing Tree Healing from The Roots organization cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_\_ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and

voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation.

\_\_\_\_ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during

my participation in this activity, then I may be found by a court of law to have waived my right to

maintain a lawsuit against the parties being released on the basis of any claim for negligence.

\_\_\_\_ INITIALS I have had sufficient time to read this entire document and, should I choose to do so,

consult with legal counsel prior to signing. Also, I understand that this activity might not be made

available to me or that the cost to engage in this activity would be significantly greater if I were to

choose not to sign this release, and agree that the opportunity to participate at the stated cost in return

for the execution of this release is a reasonable bargain. I have read and understood this document and

I agree to be bound by its terms.

\_\_\_\_ INITIALS I agree that I will practice safe, wear a mask and clean hygiene during the sessions.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT minor’s names) being permitted to participate in Growing Tree Healing from the Roots program, I further

agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought

by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_