



Covid-19 Liability Release Waiver Spring 2021

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Clallam Mosaic complies with.

Participant Name _____
First Name Last Name

When I participate in Clallam Mosaic in-person activities, I agree to the following:

- I am aware of the existence of the risk with my participation in Clallam Mosaic activities. My participation may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19.
- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibited any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor have any member(s) of my household, traveled internationally within the past 30 days.
- I did not, nor have any member of my household, visited any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days .
- I have not, nor have any member(s) of my household, been diagnosed to be infected with COVID-19 virus within the last 30 days.

I agree to the following:

- I am fully and personally responsible for my own safety and actions during participation in Clallam Mosaic activities.
- With full knowledge of the risks involved, I hereby release Clallam Mosaic, its board, volunteers and employees, from any and all liabilities directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any Clallam Mosaic activity that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless Clallam Mosaic from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to injury, loss, or death from or related to COVID-19.

Please complete the appropriate release section (Participant or Authorized Representative) below and sign.

By signing below I acknowledge that I have read the Clallam Mosaic Covid19 Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Participant Signature: _____ Date: _____

AUTHORIZED REPRESENTATIVE Signature:

By signing below I acknowledge that I am an authorized representative for the Clallam Mosaic participant, that I have read the Clallam Mosaic Covid19 Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent on behalf of the participant; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Authorized Representative: _____ Date: _____

Phone Number of Signer _____