Appendix A

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COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE (NAME OF ORGANIZATION), its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature		Age	Date
FOR PARENTS/GUARDIANS OF PARTI	CIPANT OF MINOR	AGE (UNDER AGE 18 AT TIN	ИЕ OF REGISTRATION)
This is to certify that I, as parent/gua his/her release as provided above of a and agree to indemnify and hold har involvement or participation in these p RELEASEES, to the fullest extent perm	all the Releasees, ar mless the Releasee programs as provide	nd, for myself, my heirs, ass es from any and all liability	signs, and next of kin, I release incidents to my minor child's
X			
Parent/Guardian Signature	Date	Emergency Phone No	umber(s)

NOTE: This is a SAMPLE WAIVER FORM only. Final wording should be as directed by the insured's legal counsel.