

COVID-19 LIABILITY WAIVER

DATE: _____

NAME: _____

PHONE: _____

ORGANIZATION OR EVENT NAME: _____ FCAMDVB _____

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Liberty Christian School has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Liberty Christian School can not guarantee that I will not become infected with the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to staff, visitors, and their friends or family.

I am voluntarily attending this event at Liberty Christian School and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while at the event and/or in our building.

I attest that:

- I am not experiencing any symptom of illness such as 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.
- I have not traveled internationally within the last 14 days.
- I have not traveled to highly impacted area/s within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/COVID-19 and not yet cleared as non-contagious by state or local public authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I will adhere to Liberty Christian School's policy regarding wearing masks as I enter the facility, in the hallways, walking to & from activity, and in the bathrooms.

I hereby release and agree to hold Liberty Christian School harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and /or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any gathering at Liberty Christian School. I understand that this release discharges Liberty Christian School from any liability or claim that I , my heirs, or any personal representatives may have against Liberty Christian School with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Liberty Christian School. This liability waiver and release extends to Liberty Christian School, together with all owners, partners, and employees.

Signature: _____

Date: _____