

The City of Roswell/Friends of Bulloch Hall
Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 Form

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Roswell ("the City") has put in place preventative measures to reduce the spread of COVID-19. The Friends of Bulloch Hall is asked to put in place preventative measures for program logistics. However, the City and the Friends of Bulloch Hall cannot guarantee that you will not become infected with COVID-19 by choosing to participate. Further, attending a program within a City facility could increase your risk of contracting COVID-19.

If the City of Roswell or Friends of Bulloch Hall is notified of a positive COVID-19 test result of one of our participants, staff, or volunteer currently involved in the said program, the program will be closed immediately. All participants will be notified and those participants who were exposed directly to the virus based on the guidelines provided by the State Department of Health (<https://dph.georgia.gov/>) will be notified to follow the isolation and quarantine guidelines listed on the State Department of Health website. The participant will not be allowed back into a City Facility or Program until all guidelines have been met.

If someone living at your residence tests positive for COVID-19, any other people living within the residence should also follow all quarantine and isolation guidelines. This will include not attending programs you or a family member are registered for, purchased tickets for, and not visiting a City facility until all conditions of the quarantine or isolation guidelines have been met. *Program refunds of any nature due to a COVID-19 related cancellation is the prerogative of the Friends of Bulloch Hall.*

By signing the PARTICIPANT ACKNOWLEDGMENT FORM, I acknowledge the contagious nature of COVID-19 and voluntarily assume I may be exposed to or infected by COVID-19 by attending the City and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during a City/Friends of Bulloch Hall program may result from the actions, omissions, or negligence of others, and myself including, but not limited to, City employees, volunteers, and program participants and their families. I agree to follow all program requirements posted in order to mitigate risk, including but not limited to, wearing of a face covering/mask, use of hand sanitizer, and or temperature screening at door.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the City or participation in City/Friends of Bulloch Hall programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City/Friends of Bulloch Hall, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City/Friends of Bulloch Hall program.

PARTICIPANT ACKNOWLEDGMENT FORM

EVENT: _____ DATE: _____

By signing this form, I have fully read and understood the provided, **ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATEDING TO CORONAVIRUS/COVID-19 Form**, as posted and provided, and acknowledge the contagious nature of COVID-19 and voluntarily assume risk for myself and family.

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

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