



Covid-19 Waiver
Release of Liability-Read before signing

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 Concord Retreat has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Concord Retreat cannot guarantee that no one will 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 any member of my group by not practicing social distancing.

I acknowledge that I must comply with all set procedures to reduce the spread while visiting Concord Retreat.

I attest that no person in our group:

- * Had experienced 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 within the last 14 days.
- * Have not traveled internationally within the last 14 days.
- * Have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within the last 14 days.
- * Have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

I further attest that I am following all CDC recommended guidelines as much as possible to limit group exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Concord Retreat harmless from, and waive on behalf of myself and my group any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself or any member of my group that may result if someone get infected with Covid-19 and its known possible harmful consequences.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CONCORD RETREAT FROM LIABILITY FOR ANYONE WHO GETS INFECTED WITH COVID-19.

Name of the Organization

Group Leader Name

Position with the Organization

Signature

Today's Date