

COVID-19 Liability Waiver and Assumption of Risk

Participant Name: _____

In consideration of being allowed to participate in activities and/or programs hosted by Trustbridge, Inc., the below signed participant/legal representative, agrees as follows:

1: I am aware that the novel coronavirus (“COVID-19”) is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact.

2: I am familiar with the Center for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19, which are located at <https://www.coronavirus.gov> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. I accept full responsibility for familiarizing myself with the most recent updates.

3: In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public and/or Trustbridge, Inc. I understand that failure to comply may result in not being able to participate in the activity and/or program.

4: By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, 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 may result from the actions, omissions, or negligence of myself and others.

5: I agree that, in the event that I suspect I became exposed to or infected by COVID-19 and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.

6: I hereby release and hold harmless Trustbridge, Inc., their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense EVEN IF ARISING FROM NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Participant Signature: _____ Date: _____

OR

Legal Representative Signature: _____ Date: _____