

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Crop Connection (hereafter known as the "Organization") adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

YES NO

Have you had any of the following symptoms in the past 5 days - not related to any other cause diagnosed by a healthcare provider:

- Coughing
- Shortness of Breath or Difficulty Breathing
- Chills
- Fever
- Muscle or Body Ache
- Vomiting or Diarrhea
- New Loss of Taste or Smell
- Runny Nose
- Headache
- Fatigue (either mild or severe)
- Sneezing
- Sore Throat

If these symptoms are related to receiving the COVID-19 vaccine within the last 72 hours, answer NO to this question.

YES NO

Have you used medication to reduce a fever in the last 24 hours?

YES NO

In the last 5 days, have you been in close contact or live with someone who has tested positive for COVID-19? Close contact means being within 6ft of an infected person for at least 15 total minutes over a 24-hour period, starting from 2 days before their symptoms started or 2 days before they were tested. Answer NO to this question if it has been more than 14 days since you have received your booster, or since completing the primary series of the Pfizer vaccine within the last 5 months, Moderna vaccine within the last 6 months, or J&J vaccine within the last 2 months. Answer NO to this question if you have tested positive for COVID-19 within the last 90 days.

YES NO

Do you have a fever of 100 F or above?

YES NO

Have you received your FIRST positive test or COVID-19 diagnosis in the last 5 days?

YES NO

Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I, in any case, may be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity in, on, or around premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the Organization from and against any and all cost, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

First & Last Name (please print) _____

Phone Number () _____

Signature _____ **Date Signed** _____