

**COLUMBIETTE THIRD PARTY ASSUMPTION OF RISK,
RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT**

This Columbiette Third Party Assumption of Risk, Release of Liability & Indemnification Agreement (“**Release**”) is a legal document, and all of its terms are important. PLEASE READ IT CAREFULLY.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. COVID-19 is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms, and therefore, spread the disease. COVID-19 is present in every state in the United States[, [State] and _____ County_____]. Information on the exact methods of spread and contraction are still evolving, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Your signature below acknowledges: (1) your understanding that there is a risk you may be exposed to COVID-19 as a result of your decision to visit/enter a facility affiliated with the Columbiettes, located at _____ (“**Facility**”), for a specified period of time and/or periodically from time to time for any reason, including, but not limited to, the Columbiette’s request for your presence, and your interactions with persons located at such Facility (collectively, “**Activities**”); and (2) your agreement to release the Columbiettes and the Releasees (as defined below) from liability if you are exposed to COVID-19 as a result of your participation in any such Activities.

ASSUMPTION OF RISK; RELEASE AND INDEMNITY

I hereby acknowledge, accept and agree that I may be exposed to COVID-19 as a result of my participation in the Activities. I understand and agree that the Columbiettes has not made any representation of my safety in participating in the Activities. I hereby assume all risk, dangers, and responsibility for any losses or damages, related to participation in the Activities, whether caused in whole or in part by the negligence or conduct of Columbiettes, its employees, officers, directors, managers, agents, legal counsel, affiliates, or any other person or entity acting in any capacity on behalf of the Columbiettes (Columbiettes and all of the foregoing persons being collectively referred to as, “**Releasees**”), that may arise. I understand that I am releasing, discharging, and waiving any claims or actions that I may have against the Releasees.

I am giving this release of liability to the Releasees. I agree that my participation in any Activities is in all respects voluntary. In consideration of Columbiettes allowing me to enter/use the Facility to participate in the Activities, I hereby voluntarily release, discharge, hold harmless, and covenant not to sue Releasees with respect to any and all claims or liabilities arising out of any negligence, recklessness, or any other act or omission which is in any way related to COVID-19 or any claim for illness, injury, disability, death, or damages of any kind in connection with my participation in the Activities and related to the exposure or potential exposure to COVID-19. I further agree to indemnify, defend, and hold harmless the Releasees from and against any and all claims or liabilities arising out of the breach of my commitments under this Release or any COVID-19 related matters arising from my participation in the Activities. I understand that this Release binds my heirs, assigns, personal representatives, and estate.

I HAVE READ THE ABOVE AND, BY SIGNING BELOW, AGREE IT IS MY INTENTION TO VISIT/ENTER THE FACILITY FOR ACTIVITIES AND RELIEVE RELEASEES FROM ANY LIABILITY RELATED TO COVID-19. I FULLY RECOGNIZE AND UNDERSTAND IF I AM EXPOSED TO COVID-19, I AM GIVING UP MY RIGHT TO MAKE A CLAIM AGAINST RELEASEES FOR ANY DAMAGE RELATED THERETO. I FURTHER AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS RELEASEES FROM AND AGAINST ALL CLAIMS ARISING FROM MY BREACH OF THIS RELEASE OR ANY COVID-19 RELATED MATTERS ARISING FROM MY PARTICIPATION IN THE ACTIVITIES. I EXPRESSLY ASSUME ALL RISKS.

I agree if any portion of this Release is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have read this Release and am voluntarily signing and agreeing to be bound by it. I agree to abide by all of the rules Columbiettes may set at the Facility as specifically necessitated by the COVID-19 pandemic.

Signature / Print Name: _____ **Date:** _____

Auxiliary/Chapter: _____

PhoneNumber: _____ **Email:** _____

Reasonfor Visit: _____