

Participant Health Liability Waiver Form

To prevent the spread of coronavirus disease (COVID-19) (Host Organization name) and the National Recreation and Park Association, Incorporated (NRPA) is taking extra precautions with the care of every participant to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

While attending this course “social distancing” must always be practiced and face coverings must always be worn to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, (Host) has put in place preventative measures to reduce the spread of COVID-19. However, (Host name) and NRPA cannot guarantee that its participants or others in attendance will not become infected with COVID-19.

Symptoms of COVID-19 Include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

By attending this course, I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 48 hours.
- I affirm that I, as well as all household members, have not been in contact with a person who is known to have COVID-19 or with anyone who has any symptoms consistent with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 14 days.
- I understand that (Host Name) and the National Recreation and Park Association (NRPA) cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form by each participant.
- Always wear a mask throughout the course unless I have trouble breathing.
- Practice healthy behaviors while attending the course to help reduce the spread of COVID-19 among other attendees and the Instructor/Host.
- Contact the Designated Point Person if I start to show COVID-19 symptoms anywhere from 2-14 days after attending the course, so communication can go out to other attendees and Instructors for possible exposure to the virus.

COVID-19 Designated Point Person will be (Host Name) : _____

Extra Precautions Taken for the Course:

- Classroom areas will be disinfected before and after each class and during breaks.
- Adequate supplies will be available for handwashing, including soap/water and hand sanitizer with at least 60% alcohol, paper towels, tissues, and no-touch trash cans.
- Masks will be provided for those who need one.
- Restrooms will be cleaned regularly as they are being used.
- Temperature checks will be administered daily.
- Instructors will always be wearing a mask unless they are at least 10 feet away from participants.
- Participants will be spaced out at least 6 feet apart from each other.
- Food being served will be pre-packaged bags or boxes.
- One-way routes will be established to enter and leave the course to avoid crowding.
- A flexible refund policy will be established and offered to participants in case someone is not able to attend due to COVID-19 circumstances.

***If a participant or Instructor develops COVID-19 symptoms during the course.**

- This individual will be separated from the group as soon as possible until they can go home.
- The areas this individual has used will be cleaned and disinfected immediately.
- Emergency services will be contacted for those who need emergency care.
- If the instructor experiences symptoms, the course will be canceled, and individuals will be offered to be placed in a virtual session or a future course.

Assumption of Risk. For and in consideration of attending this course, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected with COVID-19 by participating in the course and that such exposure or infection may result in personal injury, illness, permanent disability, and death and may result from the actions, omissions, or negligence of myself and others, including, but not limited to, (Host), NRPA, (Host) and NRPA employees, instructors, staff, volunteers, other participants, officers, agents, and members of the general public. The course is of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in the course.

Waiver of Liability/Lawsuit. On behalf of myself, my dependents, heirs, executors, administrators and assigns, to the fullest extent permitted by law I release, and do forever discharge, covenant not to sue, indemnify and hold harmless, (Host) and NRPA, their officers, directors, employees, instructors, staff, volunteers affiliates, and agents from any and all claims for liability, cause(s) of action, demands, damages, costs, loss of service, expenses and compensation, including known and unknown, for personal injury, illness, property damage, wrongful death or loss of any kind whatsoever suffered in connection with the course, arising out of participation in the course, whenever or however they occur and for such period said course may continue, even if caused by the negligence (but not the gross, reckless, willful, or fraudulent conduct) of (Host) and NRPA. I further understand that (Host) and NRPA do not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of (Host) and NRPA in the event of injury, illness, or medical expenses incurred by me.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE (HOST) AND NRPA.

Thank you for helping us protect you and others through this time.

Participant Name

Participant Signature

Participant Temperature

Date