



COVID-19 WAIVER AND RELEASE

INSTRUCTIONS — Please read, sign and date. Mail completed forms to:
We're **MOVING FORWARD!** c/o Ronda Alcorn 2444 E. Boston Street, Gilbert AZ 85295

1. I _____, understand that I am opting to attend an activity/event with We're *MOVING FORWARD* (WMF). I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact and accordingly, federal and state health agencies recommend social distancing. More information can be found on the Center for Disease Control's website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
2. I recognize that WMF is closely monitoring this situation and has implemented reasonable preventive measures targeted to reduce the spread of COVID-19. Given the nature of the virus, however, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with any in-person activity/event with WMF.
3. Accordingly, I acknowledge and assume the risk of becoming infected with COVID-19 through attendance of any WMF activity/event.
4. I understand that possible exposure to COVID-19 before/during/after my attendance at any WMF activity/event may result in any of the following: A positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical treatment, intensive-care treatment, or other potential complications that may result in serious injury, illness, permanent disability, paralysis and/or loss of life. I understand that COVID-19 may cause additional risks, some, or many of which may not currently be known at this time.
5. I acknowledge that I am responsible for adhering to current WMF policies and procedures while attending any WMF activity/event, including but not limited to: temperature checks, practicing social distancing, performing frequent hand hygiene, limiting surfaces that I touch, refraining from touching others, and wearing recommended personal protective equipment such as a facemask.
6. I certify that I am not experiencing, nor is any person in my household experiencing respiratory illness symptoms, including but not limited to: Fever, cough, sore throat, or shortness of breath. I will notify a WMF Officer immediately should I, or anyone in my household experience respiratory illness symptoms within 14 days after my initial visit.
7. I understand the potential health risks and have chosen to proceed with attending WMF activities/events. The undersigned hereby releases, waives, and forever discharges We're *MOVING FORWARD*, their respective board of directors, officers, 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, INCLUDING PARALYSIS OR LOSS OF LIFE, that may be sustained by the undersigned (and those named below) related to COVID-19 while attending any WMF activity/event.
8. I certify that I am at least eighteen (18) years of age and fully competent to give consent to this COVID-19 Waiver and Release.
9. I acknowledge I have been offered a copy of this consent form.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND FULLY UNDERSTAND THAT BY SIGNING IT I AM GIVING UP CERTAIN LEGAL RIGHTS AND CLAIMS THAT MAY ARISE IN THE FUTURE AND DO SO VOLUNTARILY. I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS. I CONSENT TO IN-PERSON ATTENDANCE OF ACTIVITIES/EVENTS WITH WE'RE *MOVING FORWARD*.

FURTHERMORE, TO THE EXTENT THAT ANY OF THOSE ATTENDING WMF ACTIVITIES/EVENTS WITH THE UNDERSIGNED ARE UNDER THE AGE OF EIGHTEEN (18) YEARS OLD, OR OTHERWISE NOT COMPETENT TO SIGN THIS WAIVER AND RELEASE, THE UNDERSIGNED REPRESENTS THAT HE/SHE IS AUTHORIZED TO SIGN THIS COVID-19 WAIVER AND RELEASE ON THE CHILD'S OR ANY OTHER PERSON'S BEHALF WHO ARE IDENTIFIED AS FOLLOWS:

Please PRINT the names of any children or others here:

PRINT PARTICIPANT NAME

SIGNATURE

DATE