

Wengers ve Curie

710 West 3rd Street 710 West Persy Bakin Ave Peoria, IL 61505 (309) 839-0722



## Warnings Relating to Coronavirus/COVID-19 for

## **Program Participants**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and has significant person-to-person spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. <u>Adults over age 65</u> and <u>people of any age with serious underlying medical conditions</u> including, but not limited to, HLY, <u>asthma and other respiratory conditions</u>, and <u>pregnancy</u>, may be a <u>higher risk for more serious complications</u> from COVID•19.

George Washington Carver Community Center has made the decision to continue providing essential services and has put in place preventative measures to reduce the spread of COVID-19, guided by the CDC and local health agencies. These include, but are not limited to, social distancing, wellness monitoring, increased sterilization, required hand-washing, etc.] to reduce the spread of COVID-19; however, the organization cannot guarantee that you will not become infected with COVID-19. Further, participants onsite at the organization could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in any programs, onsite at the organization 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 at the organization may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Carver employees, volunteers, and program participants and their families.

My decision to continue participating onsite at Carver Center is exclusively my own and made in full understanding and acceptance of the foregoing risks.

Signature of Participant	Date	Print Name

## PARTICIPANT RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT \*\*\*READ BEFORE SIGNING\*\*\*

Organization Name: George Washington Carver Association, Inc. 710 W 3rd Street Peoria, IL 61605 Participant Name: Print Name In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death. 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. 3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS George Washington Carver Association, Inc., its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. **Health Statement** I will notify George Washington Carver Association, Inc. Board of Directors or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation. **Media Statement** By signing below, I hereby grant and convey to George Washington Carver Association, Inc. all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by George Washington Carver Association, Inc., I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. Participant's Signature Age Date FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES,

Date

Emergency Phone Number(s)

to the fullest extent permitted by law.

Parent/Guardian Signature