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THE PROVISION OF THIS TEMPLATE, AND THE INFORMATION CONTAINED HEREIN, DOES NOT CONSTITUTE LEGAL ADVICE OR OPINIONS OF ANY KIND.

YOUR USE OF THIS DOCUMENT IS AT YOUR OWN RISK. BEFORE UTILIZING THIS TEMPLATE, IT SHOULD BE EVALUATED WITH THE HELP OF YOUR LEGAL AND OTHER PROFESSIONAL ADVISORS TO ENSURE THAT IT IS TAILORED TO THE SPECIFIC CIRCUMSTANCES OF YOUR TRANSACTION.

COVID-19 WAIVER

Thank you for your continued business! In these unprecedented times, we wish to ensure that you remain educated about (1) the risks of COVID-19 and (2) the safety precautions we are taking.

Accordingly, we are asking all visitors to review and sign this waiver. If these terms and precautions are not acceptable to you, please inform us immediately so that we can determine the appropriate course of action.

Read

Initial

I am fully aware that there are a number of risks associated with COVID-19 that cannot be completely eliminated even by the exercise of caution and sanitation measures. By entering the premises, I could contract COVID-19 or other diseases such as influenza, which could result in a serious medical condition which could require hospitalization and/or lead to serious injury, long term disability, or death.

I will not enter the premises if I have been in close contact with any COVID-positive person within the last 14 days

I will not enter the premises if I am experiencing or have experienced in the past 48 hours: any flu-like symptoms, symptoms of respiratory disease, shortness of breath or difficult breathing, dry cough, sore throat, fatigue, nausea, vomiting, diarrhea and gastrointestinal symptoms, headache, body ache, fever, chills, loss of smell or taste, or any other symptom that I suspect may be related to COVID

I consent to having my temperature checked when entering the business premises by a laser thermometer. I will be denied access if my temperature is greater than 99.8.

I will wash/sanitize my hands upon entering the business premises, and before and after leaving high-traffic areas.

While on the business premises, I will wear a mask while indoors and practice physical distancing (6 feet or more) from other persons at all times.

In the event that I develop any of the COVID symptoms described above, or receive a positive result on a COVID test, any time within 1 week following a visit to the business premises, I will contact the business immediately or cause them to be contacted, so that they may do proper contact tracing.

I hereby forever release, waive, relinquish, and discharge the business and all affiliates, from and claims, demands, liabilities, lawsuits, costs, damages, expenses, or causes of action of any nature or description, known or unknown and foreseen or unforeseen, that may result from my visit to the business premises. I further promise not to sue the business or any of its affiliates and will indemnify and hold them harmless for any suit, claim, or similar thing.

BY MY SIGNATURE BELOW I INDICATE MY UNDERSTANDING OF AND AGREEMENT TO THE FOREGOING I HAVE WILLINGLY AND VOLUNTARILY SIGNED THIS DOCUMENT

Print Visitor Name: _____

Visitor Signature: _____

Date: _____