

CBC

CENTREVILLE BAPTIST CHURCH

Assumption of the Risk – Indemnification – Waiver and Release

Participant's Full Name (Print Name): _____

I, myself, or the undersigned parent and/or guardian of said youth ("Participant"), give permission for the listed Participant(s) to participate in _____ ministry of Centreville Baptist Church ("Church/CBC") or ministry using the Church's facilities.

The COVID-19 pandemic has had far-reaching implications for us all. COVID-19 is a highly contagious virus, known to spread primarily from person-to-person interactions, such as through respiratory droplets, and can easily spread in group settings if someone attends who is contagious. There is much that is yet to be learned about the virus. The virus can, and for many people has, resulted in severe illness, permanent disability, or even death. As a result, federal, state, and local governments have recommended, or even required, individuals to avoid congregating with other people in many cases. While some of these prohibitions have now been lifted, a number of limitations and recommendations remain. Any gathering of people at this time carries with it the inherent danger of contracting COVID-19 and suffering from the disease myself or spreading it to family or household members. No one can guarantee that you or your family, including your children, will not become exposed to or infected with COVID-19 in Church religious services or events or any other group gathering. Attending this activity could increase your, your household, and your children's risk of contracting COVID-19 or other serious illnesses.

I understand contracting COVID-19 or other illnesses can result in injury, disability, or death in some cases. I understand that attending these events could increase the likelihood of Participant contracting COVID-19 or other illnesses and/or spreading it to household and family members. Accordingly, I, myself, or the undersigned parent/guardian voluntarily assume all risk, including COVID-19, associated with the events Participant attends.

I/we acknowledge the dangerous and contagious nature of COVID-19 and **voluntarily assume the risk** that I and/or my children may be exposed to or infected by COVID-19 or other serious illnesses. I also acknowledge that by attending the service or event, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the event may result from the actions, omissions, or negligence of myself and others, including but not limited to Church (or ministry) employees, contractors, volunteers, members, and participants and their families.

On behalf of myself and/or my child, I do **release, acquit, discharge, and covenant to hold harmless and indemnify** CHURCH its employees, officers, directors, representatives, volunteers, and activity leaders from any and all actions, damages, and liabilities arising out of contracting COVID-19 and/or arising out of any other accident, sickness, or treatment thereof, incurred by said Participant in connection with participation in Church programs or activities.

By signing this waiver and/or CBC or ministry events, **I am agreeing that prior to attending such event, I have monitored myself, and/or my child(ren), for any signs or symptoms of COVID-19 as documented by the CDC** including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches,

headache, new loss of taste or smell, or sore throat, and verify that participants have not tested positive for or exhibited any symptoms of COVID-19 in the last 14 days nor have I/we been knowingly exposed to anyone that has tested positive or is presumed to be positive for COVID-19 in the last 14 days.

If I later test positive for COVID-19 I will notify Church and the appropriate ministry in writing so that the appropriate parties may be warned. I consent to Church notifying other attendees about my illness and for reporting the illness to state, local, or other authorities for the purpose of warning, tracing, legal defense, or response.

I agree that I will abide by CDC sanitation and social distancing protocols and applicable executive order requiring wearing a face covering when inside the Church.

Other Activities. I also voluntarily accept the other risks associated with this event or activity whether it includes activities on church's buildings or property, activities off-site, and transportation to and from events. I am confident that the adult leaders and sponsors will take appropriate care of my child and every effort will be made for his/her safety. However, I understand that accidents do occur, and in the event of an emergency, every effort will be made to contact me. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any medical or dental treatment and care deemed necessary by medical personnel. In the event of a minor illness or injury (cold, headache, scrape, cut, sprain, etc.), I authorize the staff or medical personnel to make common remedies such as Tylenol _____ Advil _____ Benadryl _____ or cough drops _____, (check appropriate medication) available to me or my child in dosages appropriate for his/her age, and to clean, bandage, or wrap wounds as necessary. I understand the risks associated with these treatments and over the counter medications.

Photo/Video Waiver. I agree to allow CBC to use any photographic image of the minor taken while participating in the activity. These images may be used in promotions or other related marketing materials.

I understand and acknowledge that, under the Uniform Electronic Transactions Act, by proceeding to register online and by signing this waiver electronically, such electronic registration and electronically signed Waiver will be valid and enforceable in the same manner as a hand-signed document that exists in physical form and that a record or signature may not be denied legal effect or enforceability under law solely because it is in electronic form.

I have read the above information and by signing here I give my authorization.

Signature of Adult Attendee (Or Parent/Guardian)

Print Name of Same

Date