

COVID-19 Consent: Waiver and Release

Our state and county is experiencing a Novel Coronavirus (hereinafter COVID-19) pandemic, and a public health emergency has been declared for Montana. COVID-19 is extremely contagious, and can be spread in many ways, including person-to-person contact or between persons in close proximity. The purpose of this form is to obtain your consent, on your own behalf, to voluntarily attend and participate in this in-person training. This includes your agreement to release and hold harmless all entities and individuals associated with the provision of this training from any and all liability directly or indirectly related to any physical and mental injury, damage, disability or death from exposure to COVID-19. Currently, there is some increased risk associated with attending in person gatherings, such as this training. These risks include:

- Exposure to others who may have the virus
- Exposure to facilities that contain the virus

Agreements and Acknowledgments

- I agree and acknowledge that it is my responsibility to provide for my own health and safety.
- I assume all risk and harm associated with any potential exposure to COVID-19 that I may have, or any members of my family may have, due to participating/attending this training.
- I agree and acknowledge that although reasonable attempts are in place to protect participants from COVID-19, it is my duty and responsibility to follow Centers for Disease Control (CDC) and local health guidelines for social distancing and other measures to reduce the spread of COVID-19.
- I agree to maintain six (6) feet of distance between myself and any other participant or attendees to the extent possible.
- I agree that if I feel unsafe or if I am unable to comply with CDC and local health guidelines, I have the choice to remove myself from the premises.
- I agree, to utilize a mask to reduce the risk of exposure to myself and others.
- I agree to wash or sanitize my hands regularly, including after using the restroom, sneezing, and coughing, etc.
- I agree that I am not experiencing any symptoms of ill health, including fever, coughing, headache, lack of smell or taste.
- I agree that I have not knowingly been exposed to any person diagnosed or suspected of being infected with COVID 19 for the past 14 days.
- I agree to not hold any individual or entity legally liable for any damages, costs or expenses of any kind related to or arising out of my or my family's exposure to or infection from COVID-19 and to not bring any claims, demands, lawsuits or causes of action for any reason related to COVID-19 exposure against any of these entities.

Signature for Consent to Attend/Participate

I AGREE AND ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS COVID-19 CONSENT: WAIVER AND RELEASE, AND FULLY UNDERSTAND IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I HAVE TO FILE A LEGAL ACTION OR ASSERT A CLAIM OR DEMAND AGAINST ANYONE ASSOCIATED WITH THIS TRAINING.

Signature and Printed Name

Date

Witness

Date