

**Living Water Evangelical Church (LWEC)
COVID-19 Liability Release Form**

I certify that I am aware of the risk of my physical appearance at the LWEC venue, and my participation in the events of the LWEC may cause injury or illness such as, but not limited to, COVID-19, which may lead to paralysis or death.

Currently, I and my household members do not have the following COVID-19 symptoms:

- Fever or chills
- Cough or Sore throat
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I have not, nor any member of my household, traveled internationally within the past 30 days.

I have not, nor any member of my household, visited any area within the United States that was reported to be highly affected by COVID-19 in the last 30 days.

I have not been, nor any member of my household, diagnosed to be infected by the COVID-19 virus within the last 30 days.

I am fully and personally responsible for my own safety and actions during my participation, and I recognize that I may be at risk of contracting COVID-19.

I agree to inform LWEC if and when I am infected by COVID-19.

I, on behalf of myself, have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including negligence claims of the Release Parties. I on behalf of myself, am 18 years old or older. I understand that my signed waiver will be retained in LWEC for 12 months. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

If the participant is a minor (under 18 years old), I agree that the minor has my consent to participate in the event. I further provide consent for Living Water Evangelical Church to seek emergency treatment for the minor if necessary. I agree to accept all financial responsibility for the costs related to this emergency treatment.

I authorize that I am the guardian of the participant stated, and I authorize that I have read and agree to all that is stated in this document.

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

