2021 Waiver Form

By marking "yes" in the field below, I acknowledge an inherent risk of exposure to the novel Coronavirus (COVID–19) as defined by the World Health Organization and any strains, variants, or mutations of COVID-19 and any other communicable or infectious disease, exists in any public place where people are present.

By entering, accessing, or occupying any property owned, leased, managed controlled, or used by Triangle Gay Men’s Chorus (“TGMC”), or by volunteering for any activities relating in any way to TGMC, I agree to voluntarily assume all risks related to exposure to COVID–19 and any other communicable diseases or infectious diseases. I acknowledge my participation in all TGMC activities is entirely voluntary.

On behalf of myself, my heirs, successors, and assigns, I agree to forever waive, covenant not to sue, release, discharge, and hold harmless TGMC, including all of its officers, directors, agents, representatives, members, employees, and volunteers from all liability, claims, causes of action, damages, costs, or expenses of any kind, including all claims and causes of action arising out of or in any way relating to exposure to COVID–19 or any other communicable or infectious diseases.

Additionally, before participation in any activity relating to TGMC, I agree if required to complete a few general health screening questions related to the known facts of COVID-19.

The screening questions may include:

* Neither I nor someone in my immediate household has had a fever over 100.4 in the last 24 hours.
* Neither I nor someone in my immediate household is experiencing any one of the following symptoms:
	+ Cough, shortness of breath or difficulty breathing
	+ Chills or repeated shaking, muscle pains or aches
	+ Sore throat, headache, diarrhea
	+ Nausea or vomiting
	+ New loss of taste or smell
* Neither I nor someone in my immediate household has traveled outside the country or to any known COVID–19 “hotspot” within the last two weeks.
* Neither I nor someone in my immediate household has participated in an event with attendance exceeding the current state mandates.
* To my knowledge, neither I nor someone in my immediate household has come into contact with anyone who has been tested positive for COVID-19 in the last 2 weeks.
* Neither I nor someone in my immediate household is awaiting results from a test for COVID - 19 or is suspected to have had COVID-19 within the last 2 weeks.

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| I agree to this Waiver:  | YES |  | NO |  |

Signature:

Print Full Name

Date:

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