



THIS IS A RELEASE OF LIABILITY.

READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING.

**CORONAVIRUS/COVID-19 ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER,
AND DISCHARGE**

In consideration for being accepted by _____ for participation in _____ (trip or activity), I do hereby release, forever discharge and agree to hold harmless New Life Anointed Ministries International, INC. (The Life Church VA) and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the participant that may occur while said person is participating in the above-described trip or activity including recreation, transportation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge.

The Life Church VA has put in place preventative measures recommended by the Center for Disease Control (CDC) and the state of Virginia, to reduce the spread of COVID-19, however, The Life Church VA cannot guarantee that you, your child(ren), your spouse, or anyone else will not become exposed to or infected with COVID-19 as a result of participating in a The Life Church VA program, event, or activity. Participation in a The Life Church VA program, event or activity could increase the risk of contracting COVID-19.

NOW, THEREFORE, in consideration of being permitted to participate in programs, events and/or activities offered by The Life Church VA, I understand, acknowledge and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have determined to participate in The Life Church VA programs, events, and/or

activities with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID19 before, during, or after participating in a The Life Church VA program, event, or activity.

I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge The Life Church VA, its officials, employees, volunteers, attorneys, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of The Life Church VA or its officials, employees, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in a The Life Church VA program, event, or activity.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify , The Life Church VA, its directors, employees and agents from any acts of malfeasance, and/or failure to act the part of those chosen to administer medical care on behalf of the participant.

I also acknowledge that in the event the State or local health department issues a mandatory "Stay at Home" order, or mandates the closure of certain programs and/or facilities, participant(s) participants will be entitled to partial or full credit at the discretion of The Life Church VA.

Print Name _____

Signature _____ (Participant or if under 18,
Parent/Legal Guardian)

Signed this _____ day of _____, 20 _____

Participant's Insurance Company/Policy Number _____

Emergency Contact Name _____ Phone# _____