

## **WINDSOR PARK UNITED CHURCH**

In-person Event Attendance Waiver

**\*\*Read Carefully Before Signing\*\***

By signing this Attendance Waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (and my children or dependents) may be exposed or infected by COVID-19 by attending **Windsor Park United Church (WPUC)**, and that such exposure or infection may result in personal illness, injury, permanent disability, or death.

I understand that if I am 60 years of age or older, or if I am immunocompromised due to medication, or have an existing health condition or disease, I may be more susceptible to serious illness or death from COVID-19 and am taking increased measures to avoid infection, including wearing a face mask, social distancing, or participating in online services.

I understand that the risk of becoming exposed to or infected by COVID-19 at **WPUC** may result from the actions, omissions, or negligence of myself and other, including, but not limited to **WPUC** employees, volunteers, attendees, program participants and their families.

I agree while on the premises or while participating in off-premise activities and events of **WPUC** to abide by all rules and recommendations posted in signs on the premises and otherwise communicated in writing or verbally by **WPUC**, its Directors, Officers, Employees, Volunteers, Agents, Representatives to protect my health and safety, including minors/dependents in my care.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury to myself (or my children/dependents), including, but not limited to, personal injury, disability, death, damage, loss, claim, liability, or expense, of any kind, that I (or my children/dependents) may experience or incur in connection with my (or my children's/dependent's) attendance at **WPUC** or participation in its events, programs, or activities.

On my behalf (and of behalf of my children), I hereby release, covenant not to sue, discharge, and hold harmless **WPUC**, its Officers and Directors, Members, Employees, Volunteers, Agents and Representatives, of all liabilities, claims, actions damages, costs or expenses of any kind arising out of or relating there to.

I understand and agree that this release includes any all liabilities, claims, actions, damages, costs or expenses of any kind based on the actions, omissions, negligence of **WPUC**, its Directors or Officers, Employees, Volunteers, Agents or Representatives, whether a COVID-19 infection occurs before, during, or after participation in any **WPUC** program or activity.

This waiver need only be signed once per calendar year from the date indicated below.

PLEASE PRINT CLEARLY

Your name (print)	
Your telephone number	
Today's date	
Committee/Activity attending	
Name(s) of children/dependents signed for	
Your signature	