

COVID-19 LIABILITY WAIVER AND ACKNOWLEDGEMENT FORM

I acknowledge the contagious nature of the COVID-19 virus and acknowledge that Civil Air Patrol (CAP) adheres to the CDC recommendations of practicing social distancing and wearing face coverings.

I further acknowledge that CAP has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including but not limited to, paid staff, volunteers and others.

I acknowledge that I may increase my risk of exposure to COVID-19 by participating from time to time in CAP missions or activities or meetings.

In the event a participant tests positive for COVID-19 within Forty-Eight (48) hours of the activity, I hereby waive confidentiality and authorize CAP to disclose the participation list to the local public health authorities for the purpose of contact tracing.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.

* I have not been diagnosed with Coronavirus/COVID-19 by state or local public health authorities within the previous four (4) weeks.

* I am following all CDC recommended guidelines and the Executive Orders of the Governor of _____ regarding limits and procedures regarding COVID-19 as much as possible, including limiting any purposeful exposure to COVID-19. I agree that the Governor's Executive Orders are incorporated herein by reference and made a part hereof as if more fully set out herein.

I hereby release and agree to hold CAP, its BOG Members, corporate officers, employees, and volunteers harmless from any causes of action, claims, demands, damages, costs, expenses, and compensation for damage to myself that may be caused by any act, or failure to act, or that may otherwise arise in any way while I am participating in CAP missions, activities or meetings. I fully understand that this release discharges the aforementioned from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to my participation as described above.

Printed Name _____

Signature _____

Date _____

IMPORTANT NOTE:

This form must be signed by all participants or by the parent or legal guardian of CAP cadets who are not considered to be of legal age.