

# WESLEY KNOX UNITED CHURCH

## IN-PERSON EVENT ATTENDANCE WAIVER

### **\*\*READ CAREFULLY BEFORE SIGNING\*\***

**ALTHOUGH THIS WAIVER IS REQUIRED TO ATTEND, BY SIGNING THIS FORM YOU MAY BE WAIVING CERTAIN LEGAL RIGHTS, YOU AND/OR YOUR DEPENDENTS MAY HAVE.**

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 to or infected by **COVID-19** by attending WESLEY KNOX UNITED CHURCH (WESLEY-KNOX), 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 WESLEY KNOX may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WESLEY KNOX employees, volunteers, attendees, program participants and their families.

I agree while on premises or while participating in off-premises activities events of WESLEY KNOX to abide by all rules and recommendations posted in signs on the premises and otherwise communicated in writing or verbally by WESLEY KNOX, its Directors, Officers, Employees, Volunteers, Agents, and 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 to 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 WESLEY KNOX or participation in its events, programs, or activities.

On my behalf (and on behalf of my children), I hereby release, covenant not to sue, discharge, and hold harmless WESLEY KNOX, 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 thereto.

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, or negligence of WESLEY KNOX, its Directors or Officers, Employees, Volunteers, Agents or Representatives, whether a **COVID-19** infection occurs before, during, or after participation in any WESLEY KNOX program or activity.

This Waiver need only be signed once for one calendar year from the date indicated below. PLEASE PRINT CLEARLY.

Your name (print)	
Your telephone number	
Today's date	Y Y Y Y – M M – D D
Committee/rental/or activity you are attending for	
Name(s) of children or dependents you are signing for	
Your signature	