

William Walker Building

COVID – 19 Release of Liability

I, acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I, further acknowledge that the City of Clarkson has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I, further acknowledge that the City of Clarkson cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, family members, event participants, vendors contracted by myself.

I, acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures by the Clarkson City Commission in order to rent the William Walker Building.

I attest that:

___ I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with 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 of America in the last 14 days.

___ I have not been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

___ I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

___ I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

___ I understand and will abide by all CDC social distancing and person protective equipment guidelines.

I, _____, hereby release and agree to hold the **City of Clarkson** harmless from, and waive on behalf of myself, my heirs, guests and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the City of Clarkson, or that may otherwise arise in any way in connection with any services received from the City of Clarkson. I understand that this release discharges the City of Clarkson from any liability or claim that I, my heirs, or any personal representatives may have against the rental facility with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from the City of Clarkson.

This liability waiver and release extends to the City of Clarkson with all elected officials, employees, and staff.

Renter Signature (Print & Sign)

Date of Sign

CITY OF CLARKSON REPRESENTATIVE

Date of Sign