R.A.D.D. LLC
Recreational Activities for the Developmentally Disabled

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Coronavirus Waiver Form

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 R.A.D.D. LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that R.A.D.D. LLC cannot guarantee that I will not become infected with the Corona-virus/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, staff, and other participants and their families.

I voluntarily seek services provided by R.A.D.D. LLC and acknowledge that i am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my activities.

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 do not believe I have 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 hereby release and agree to hold R.A.D.D. LLC harmless from, and waive on behalf of myself, my heirs, 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 organization, or that may otherwise arise in any way in connection with any services received from R.A.D.D. LLC I understand that this release discharges R.A.D.D. LLC from any liability of claim that I, my heirs, or any personal representatives may have against the organization 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 R.A.D.D. LLC This liability waiver and release extends to the organization together with all employees and board members.

_____	x _____	_____
Participant Name:	*Signature of Participant or Guardian*	*Date*

By signing/typing your name electronically on the signature line, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form. You also acknowledge that R.A.D.D. LLC is not legally responsible for data breaches incurred if you return this form through an insecure method (ie: email or online contact form).