

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

Name _____ (PLEASE PRINT)

Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, Federal, State and Local governments and health agencies recommend social distancing and in some locations, prohibited the congregation of groups of people or have limited the number who can gather.

Majestic Oaks Ocala, LLC has put in place preventative measures to reduce the spread of COVID-19; HOWEVER, Majestic Oaks Ocala, LLC, cannot guarantee that you or members of your family and/or staff will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID –19 and voluntarily assume the risk that I may be exposed and members of my family and/or staff to or infected by COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at Majestic Oaks Ocala, LLC , may result from the actions of all program participants and their families/staff, volunteers and other attendees.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to members of my family, myself (including, but not limited to personal injury, disability and death) illness, damage, loss, claim, liability or expense of any kind that may experience or incur in connection with our participation in any event held at Majestic Oaks Ocala, LLC. On my behalf and on behalf of my family and/or staff , release, covenant not to sue, discharge, and hold harmless Majestic Oaks Ocala, LLC, its employees, agents, and representatives of and from the Claims, including 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 Claims based on the actions, omissions, or negligence of Majestic Oaks Ocala, LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participating in any event, clinic or schooling opportunities.

Signature _____ Date _____

Print Name of Parent/Guardian _____