

WAIVER – 2021 S.U.C.C.E.S.S. Charity Golf Tournament

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the health authorities are still recommend practicing social distancing.

I further acknowledge that S.U.C.C.E.S.S. Foundation has put in place preventative measures to reduce the spread of 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, event staff, and other S.U.C.C.E.S.S. Foundation clients and their families. I voluntarily seek the event experience provided by S.U.C.C.E.S.S. Foundation 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 this event.

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 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 recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- * I agree to share a golf cart with another person.

I hereby release and agree to hold S.U.C.C.E.S.S. Foundation 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 this event, or that may otherwise arise in any way in connection with any services received from S.U.C.C.E.S.S. Foundation. I understand that this release discharges S.U.C.C.E.S.S. Foundation from any liability or claim that I, my heirs, or any personal representatives may have against S.U.C.C.E.S.S. Foundation 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 S.U.C.C.E.S.S. Foundation.

Name: _____

Date: _____

Signature: _____

Phone: _____