



COVID-19 ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

Family Promise of NewRock (hereinafter FPNR) remains focused on the health and safety of all participants in the Cardboard City event. FPNR have also implemented various safety measures in accordance with CDC and other public health guidelines to assist in preventing the spread of COVID-19. Individuals who choose to participate in the Cardboard Box City event in-person, of course, share the responsibility to prevent exposure and spread of COVID-19. FPNR will continue to closely monitor CDC and other public health guidelines and update our protocols accordingly. We will, of course, keep our participants fully informed regarding our practices and policies. **However, despite all of our efforts, we are sure that you can understand there are inherent risks associated with COVID-19.**

I, _____, individually, and if applicable, in my capacity as parent or legal guardian to the child(ren) listed below, have chosen to participate in-person at the Cardboard City event. I understand that FPNR has taken precautions to protect all participants from exposure to COVID-19 and that my family shares the responsibility to prevent exposure of COVID-19. I agree that my family will fully comply with all FPNR COVID-19 protocols for the duration of the Cardboard Box City event.

I understand the hazards of COVID-19 and recognize and assume the risk that my or my child(ren)'s attendance at the Cardboard Box City event may expose my family to COVID-19 despite the COVID-19 protocols established by FPNR, I will be responsible for all medical expenses incurred by my family due to any COVID-19 exposure.

I release FPNR and any of their officers, directors, trustees, agents, employees, and volunteers from and against any and all claims, demands, actions, suits or other liability arising from or related to an infection of COVID-19 which might occur as a result of my or my child(ren)'s presence at the Cardboard City event. I recognize and agree that FPNR is not responsible for any damage or injury caused by my or my child(ren)'s failure to comply with any COVID-19 protocol established by FPNR.

I confirm that I have carefully read the above Waiver and Release of Liability. I fully understand and agree, on behalf of myself and my child(ren) and family members, to its terms knowingly and voluntarily. No oral representations, statements, or inducements apart from the foregoing Waiver and Release of Liability have been made.

Signature: _____
Print Name: _____
Child(ren): _____
Date: _____