

## Karmê Chöling COVID-19 and General Liability Waiver

Dear KCL Residents and Visitors:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. KCL (Karmê Chöling) is doing everything we can to be compliant with all regulations and ensure the safety of our residents and visitors. KCL has put in place preventative measures to reduce the spread of COVID-19, but cannot guarantee that others will not become infected with COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and that you and your child(ren) may be exposed to or infected by COVID-19 by participating in KCL activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at KCL may result from the actions, omissions, or negligence of yourself and others, including, but not limited to, KCL employees, volunteers, and program participants and their families.

### COVID Waiver

By participating in programs, services, and activities of Karmê Chöling, you agree to the following: *(Please initial on each line to indicate you have read the following)*

\_\_\_ I am not experiencing any symptoms 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. If any of these symptoms manifest while at KCL, I will immediately quarantine and notify KCL Staff.

\_\_\_ I have not traveled internationally 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 CDC recommended behavior guidelines as much as possible to limit my exposure to the Coronavirus /COVID-19.

\_\_\_ I have taken all the CDC prescribed precautions to protect myself including getting vaccinated for COVID and following my healthcare providers' recommendations.

General Waiver

\_\_\_ I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither KCL nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release Karmê Chöling, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless Karmê Chöling, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

\_\_\_ I authorize Karmê Chöling through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

**IF APPLICABLE:**

\_\_\_ I understand and acknowledge that Karmê Chöling does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Resident/Visitor Signature:

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Names of Minor Family Members (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This agreement expires 3 months after signature