



ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

Note: Girl Scouts-Dakota Horizons (GSDH) requires a signed Agreement for each minor and adult participant prior to participation or facility utilization with Girl Scouts.

Please mark if this Agreement is for a minor _____ for an adult _____ or both _____

I HAVE REVIEWED AND HAVE SIGNED THIS AGREEMENT so that I and/or my children listed below will be permitted to participate in, visit or utilize the facilities, services, and/or the programs of Girl Scouts-Dakota Horizons, a nonprofit corporation ("GSDH"), including, but not limited to, GSDH troop meetings, GSDH activities and events (whether on GSDH's site or a third party site), use of GSDH property, and participation in GSDH camps. If a third party is involved in providing services or a facility, that third party may require an additional release.

I understand that:

- Novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including multiple cases in my area.
- COVID-19 is an extremely contagious virus that spreads easily, including through person-to-person contact.
- As with any social activity, use of GSDH facilities or services, or participation in GSDH programs, may present the risk of contracting COVID-19. While GSDH takes safety and preventative precautions, GSDH can in no way warrant that COVID-19 infection will not occur through use of such facilities or services or participation in GSDH programs.

I agree that neither I nor my participating children shall visit or utilize the facilities, services, and/or programs of GSDH within 14 days after (i) returning from highly-impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, (iii) exposure to any person who has a suspected or confirmed case of COVID-19, or (iv) exposure to any other risk identified by the most recent guidelines or recommendations or guidelines situation delineated by WHO, the CDC or my state public health agency or municipality.

I further agree that neither I nor my participating children shall participate in, visit or utilize the facilities, services, and/or programs of GSDH if I, he, or she (i) experience(s) symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. I agree to notify GSDH immediately if I believe that any of the foregoing access/use restrictions may apply.

I further acknowledge, on behalf of myself and my children, that, due to the nature of the facilities, services, and programs offered by GSDH, social distancing of 6 feet per person among children and or others, and compliance with guidance and recommendations of public health agencies, may not always be possible.

I fully understand and appreciate both the known and potential dangers of participating in the programs and/or utilizing the facilities and services of GSDH and acknowledges that my use thereof and/or use by my participating children may, despite GSDH prudent and reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN GSDH PROGRAMS/UTILIZE FACILITIES, I HEREBY AGREE TO THE FOLLOWING:

Signer's Initials _____

ON MY BEHALF AND ON BEHALF OF MY PARTICIPATING CHILDREN, I HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, WAIVE AND DISCHARGE EACH OF GSDH and any of its affiliates, Girl Scouts of the USA and any of its affiliates, and any of their respective directors, officers, employees, volunteers, and agents (collectively, the "Releasees"), from any and all actions, claims and demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and/or legal representatives now have or may have in the future, whether known or unknown, foreseen or unforeseen, for injury, death or property damage, related to (i) my participation or my children's participation in the programs, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises.

- ON MY BEHALF, AND ON BEHALF OF MY PARTICIPATING CHILDREN, I HEREBY COVENANT THAT I, MY HEIRS, ASSIGNEES, DISTRIBUTEES, GUARDIANS, NEXT OF KIN, SPOUSE AND LEGAL REPRESENTATIVES WILL NOT MAKE A CLAIM AGAINST, SUE OR ATTACH ANY PROPERTY OF ANY RELEASEE IN CONNECTION WITH ANY MATTERS COVERED BY THIS RELEASE.
- I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM GSDH IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY GSDH FACILITY OR DURING PARTICIPATION IN ANY PROGRAM OR ACTIVITY AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM.

I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY PARTICIPATING MINOR CHILD(REN) AND/OR LEGAL WARDS, AND I REPRESENT AND WARRANT TO GSDH THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

Dated _____ Signature _____

For Adult Participant

Adult Participant Printed Name: _____

Adult Participant Contact Number: _____

For a Minor Participant

Minor's Printed Name: _____

Minor's Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Contact Number: _____

Troop Number: _____

Signer's Initials _____