

NORTHEASTERN WOODWORKERS ASSOCIATION - Members and Program Participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel 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 federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than 10.

Acknowledgement of Risk

Name of Member/Program Participant: _____
(print)

I understand the Northeastern Woodworkers Association (NWA) has put in place preventative measures to reduce the spread of COVID-19; however, **NWA cannot guarantee** that I or my dependent(s) will not become infected with COVID-19. Further, **entering facilities of, or participating in programs of, NWA could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

I also understand that by participating in NWA programs such exposure or infection may result in personal injury, illness, permanent disability, or death and that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to NWA members, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **NWA** facilities or participating in **NWA** programs ("Claims").

On my behalf, and on behalf of heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **NWA**, its directors, officers, members, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relation thereto.

I understand and agree that this release includes any Claims based on the actions, or omissions, of the **NWA**, its directors, officers, members, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during or after my participation.

Additionally, as a member, volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the reopening plan of NWA and that I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

Name: _____ Date _____
(print)

Signature: _____