

The Omega Psi Phi Fraternity, Inc. COVID-19 Liability Waiver

Date

Name

In our efforts to ensure the safety and wellness of our members, employees and invited guests we want to ensure that all understand the importance of being healthy and safe when they come into a facility owned, rented, controlled, or operated exclusively by Omega Psi Phi Fraternity Inc., and its chapters. Symptoms of COVID-19 can be mild to severe and can include fever, cough, fatigue, shortness of breath, and digestive symptoms. Symptoms may appear 2-14 days after exposure. Persons at greater risk include those over the age of 62 or those who have underlying health issues (heart disease, diabetes, respiratory issues, cancer, or weakened immune system from other underlying causes not listed here).

By signing below:

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the Center for Disease Control (CDC) and many other public health authorities still recommend practicing the following precautionary measures, including, but not limited to, social distancing of at least six (6) feet apart, frequent hand-washing or hand-sanitizing, and wearing a face covering or mask over one's mouth and nose.

I further acknowledge that The Omega Psi Phi Fraternity, Inc. (OPP) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that OPP and _____ (Chapter) **cannot and will not** guarantee that I will not become infected with 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, fraternity members, fraternity staff, other attendees, and their families.

I voluntarily seek admission to this event/function held at _____ and/or accept the invitation of OPP and _____ (Chapter) provided by members of OPP and _____ (Chapter) 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/function.

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 loss of taste or smell, or diarrhea. I further affirm that I have not experienced any of the aforementioned symptoms in the last 14 days.

*No one in my immediate household has experienced any of the above symptoms or have been ill in the last 14 days.

*I have not had a fever above 100 degrees within the preceding 48 hours or the event, and that I have not been exposed to anyone with COVID-19 symptoms within the past 48 hours.

* I have not traveled internationally or outside my home state to a highly impacted area within the United States of America in the last 14 days.

* I have not knowingly been exposed to anyone diagnosed with the COVID-19 virus nor currently under quarantine for the virus in the last 14 days, and I will contact the proper parties immediately should I come in close contact with a person who has tested positive for 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.

* If I begin to feel ill during my time interacting with the members, employees and invited guests of OPP, I will notify those in charge immediately and I will immediately separate myself from everyone.

*If I'm diagnosed with COVID-19, I will notify OPP immediately so specific steps can be made to quarantine others that may have been affected prior to that diagnosis.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold OPP and _____ (Chapter) 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 OPP and _____ (Chapter), or that may otherwise arise in any way in connection with any invitation received from OPP and _____ (Chapter).

I understand that this release discharges OPP and _____ (Chapter) from any liability or claim that I, my heirs, or any personal representatives may have against OPP and _____ (Chapter) with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any invitation received from OPP and _____ (Chapter). This liability waiver and release extends to OPP together with all owners, partners, and employees.

Signature

