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 ten (10).

**Acknowledgement of Risk**

I understand Cornell Cooperative Extension of Erie ("CCE Erie") has put in place preventative measures to reduce the spread of COVID-19; however, **CCE Erie cannot guarantee** that I or my dependent will not become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE Erie 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.

By participating in **CCE Erie** programs I understand that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand 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, CCE Erie employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of 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 **CCE Erie** or participation in **CCE Erie** programming ("Claims"). On my behalf, and on behalf of my heirs and estate, I hereby release, covenant not to sue, discharge, and hold harmless **CCE Erie**, its directors, officers, employees, 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 relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE Erie**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing below, I acknowledge that I have reviewed the attached safety plan for Cornell Cooperative Extension of Erie County. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC. By signing below, I acknowledge that my assumption of risk and waiver of liability will last for one year from the date listed below.

Name:  
Date:  
Signature: