

**RELEASE OF LIABILITY RELATED TO COVID-19**  
**READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

BY SIGNING BELOW I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH COVID-19, AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE FOLLOWING ENTITIES OR PERSONS FOR ALL CLAIMS OF LIABILITY ARISING OUT OF OR RELATED TO COVID-19 IN CONSIDERATION FOR BEING PERMITTED ENTRY INTO SHADOWS OF FEAR.

**Risks:** I acknowledge that entry to Shadows of Fear may carry with it the potential of serious illness and disease. Any risks may include, but are not limited to exposure to unsanitary, viral, bacterial or other conditions conducive to contracting or spreading COVID-19. To further protect all Patrons and Employees of Shadows of Fear, I certify that to the best of my knowledge that I have not been in contact with anyone who was tested positive for COVID-19 in the past 14 days.

**Symptoms:** I certify that I do not have the following symptoms of COVID-19:

Cough  
Shortness of Breath  
Difficulty Breathing  
Fever of 100.4 or higher  
Chills  
New loss of taste or smell

**Assumption of Risk:** I agree, personally, to assume all of the risks and responsibilities surrounding my entry to Shadows of Fear. To the fullest extent allowed by law, I waive, release, hold harmless and agree to indemnify Shadows of Fear from and against any present or future claim, cause of action, loss or liability for injury to person or property, which I may suffer, related to my participation in the Activities resulting from or arising out of COVID-19, and regardless of fault. This agreement shall bind my heirs, executors, assigns, legal representatives or any other person who may assert the released claims.

**Certification or Consent:** I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND IT AND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT FOR A FULL RELEASE OF LEGAL LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

PLEASE KEEP A COPY OF THE EXECUTED DOCUMENT ON YOUR CELL PHONE TO SHOW ASSOCIATION MANAGEMENT.

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Participant's Signature

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Date