



City of Roswell COVID-19 Waiver

This document must be signed and submitted with the Special Event Application. All events are subject to change due to COVID-19 restrictions and regulations during the planning process.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or members of my organization may be exposed to or infected by COVID-19 by proceeding with my event on _____ and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself or members of my organization. I understand that the risk of becoming exposed to or infected by COVID-19 at the City may result from the actions, omissions, or negligence of others, and myself including, but not limited to, City employees, volunteers, and program participants and their families. _____ Initial

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 or my organization's members may experience or incur in connection with my attendance at the City or participation in City programming ("Claims"). On my behalf, and on behalf of the members of my organization, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, 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, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program. _____ Initial

By signing this addendum, the applicant validates you have read and agree to follow all current and applicable City of Roswell guidelines for your activity or event.

Applicant Name: _____

Applicant Organization Name: _____

Event Name: _____

Location of event: _____

Applicant Signature: _____ Date: _____