

COVID-19 SAFETY INFORMATION:

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Sigma Gamma Rho Sorority, Inc., (“Sorority”) adheres to comply. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not voluntarily participate in face-to-face activities, meetings or events organized, facilitated, or sponsored by the Sorority (“Activity” or “Activities”).

In consideration of my participation in the foregoing, the undersigned acknowledges and agrees to participate in the Activity, and hereby acknowledges, understands, and agrees to the terms enumerated in this document, including the terms set forth on any other documents, guidance or policies established by the Sorority and the following:

1. I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I have not experienced symptoms associated with COVID-19, which include fever, cough, fatigue, and shortness of breath among others, or any communicable disease within past fourteen (14) days.
3. I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past thirty (30) days.
4. I have not traveled at any point in the past fourteen (14) days to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19.
5. I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days or not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for treatment.

While voluntarily participating in Sorority Activities, “social distancing” must be practiced, and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, the Sorority has provided this guidance to reduce the spread of COVID-19. However, the Sorority cannot guarantee that you, participants, volunteers, partners, or others in attendance will not become infected with COVID-19. By signing below, you agree to follow instructions for the [] at [] (“Activity”) that may be outlined in any additional materials provided by Sorority, incorporated herein.

MEDICAL ACKNOWLEDGMENT AND RELEASE. I acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath). I agree that if I experience any of these or any other COVID-19 symptoms during the Activity, I will discontinue my participation immediately and seek appropriate medical attention, and if practical, contact the Sponsoring Chapter Basileus [] at [], within 14 days after participating in the Activity.

RELEASE AND WAIVER:

With full knowledge of the risks involved, I hereby release, waive, and forever discharge the Sorority, all past, present and future members of its board, its officers, independent contractors, affiliates, employees, representatives, partners, successors, and assigns (“Released Parties”) from any and all liabilities, claims, demands, actions, and causes of action whatsoever, wither in law or in equity, directly or indirectly, to the fullest extent permissible by law, including but not limited to any loss, damage, injury, or death, caused by the negligence, fault or conduct of any kind on the part of the Released Parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation in the Activity, or that may be that may be sustained by me related to COVID-19 while participating in any Activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19. I agree to indemnify, defend, and hold harmless the Sorority from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to injury, loss, or death from or related to the Activity or COVID-19.

LIABILITY WAIVER/ ASSUMPTION OF RISK:

I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation and/or voluntarism with the Sorority, and I willingly engage in Sorority Activities. I am fully and personally responsible for my own safety and actions while and during my participation in Activities, and I recognize that I may be at risk of contracting COVID-19. I acknowledge and understand the following:

1. I recognize that my participation, involvement and/or attendance at the Sorority Activity is voluntary and may result in personal injury (including death) and/or property damage.
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID- 19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm

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COVID-19 SAFETY ACKNOWLEDGEMENT -- LIABILITY WAIVER AND RELEASE OF CLAIMS

and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

ACTIVITY INFORMATION:

Name of Activity/Event: _____

Provide Brief Description: _____

Location: _____

Date and Time: _____

Sponsoring Chapter: _____

Participant Acknowledgement

I have fully read and understand this waiver and I hereby acknowledge, understand, and agree to comply with the terms set forth in in this document, including the terms set forth on any other documents, guidance or policies established by the Sorority.

Participant Signature

Date

Participant Print Name