

IIBEC – COLORADO CHAPTER 12th ANNUAL GOLF TOURNAMENT

October 8, 2020, Fox Hollow Golf Course, Morrison, CO

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 (Participant/Volunteer)

The COVID-19 (aka Coronavirus) outbreak is a public health emergency. It is a highly contagious infectious disease that can have serious health consequences including death or permanent disability. Avoiding contact with COVID-19 is currently the only known method to avoid contracting the virus. The State of Colorado has advised its citizens that to minimize the risk of contracting or transmitting COVID-19 people should: (1) stay at home as much as possible; (2) maintain social distancing of 6 feet when outside your household; (3) wear a mask or face covering when outside your household; (4) isolate at home and avoid any groups when exhibiting symptoms or signs of respiratory illness or other sickness. See Third Amended Public Health Order 20-28 Safer at Home, May 14, 2020.

While steps can be taken by participants, volunteers, and others associated with IIBEC's 2020 Golf Tournament to reduce the risk of contracting or transmitting the disease, participation in such events necessarily involves assuming a risk of contracting COVID-19. All participants are responsible for deciding for themselves whether to participate and assume such risks.

In consideration of being allowed to participate in the International Institute of Building Enclosure Consultants, Colorado Chapter ("IIBEC") – 2020 Annual Golf Tournament and any associated activities, the undersigned acknowledges, affirms, and agrees that:

1. Participation includes possible exposure to, contraction of, and illness from infectious diseases including but not limited to COVID-19, MRSA, and influenza. While protective policies and personal discipline may reduce this risk, the risk of serious illness and death cannot be eliminated. Furthermore, IIBEC cannot guarantee or mandate the compliance with safety policies of all individuals participating in IIBEC while at facilities hosting the event or outside such facilities, and also cannot mandate compliance by third parties who may utilize the same facilities or adjacent public spaces; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, whether known and unknown, of infectious disease through participation, EVEN IF ARISING FROM THE NEGLIGENCE OF IIBEC, its directors, volunteers, or agents, or the host facilities, or any other related entities or participants, and assume full responsibility for all risks associated with my participation; and,
3. I agree to comply with any policies and conditions for participation set by IIBEC prior to or during the event and specifically as regards protection against infectious diseases. Furthermore, I agree that if I observe any unusual or significant hazard during my presence or participation, I will alert a volunteer and remove myself from such hazard, even if doing so ends my participation. This specifically includes without limitation, withdrawing upon any symptoms or suggestion of illness appearing in myself, my household or my foursome; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS IIBEC, its officers, directors, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to

person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This release specifically includes without limitation any claims related to the transmission or acquisition of any infectious disease including COVID-19.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant/Volunteer: _____

Participant/Volunteer Signature: _____

Date Signed: _____

Parent/Guardian Signature for Minor Participants:

I REPRESENT THAT I AM A PARENT OR LEGAL GUARDIAN FOR THE ABOVE NAMED PARTICIPANT WITH AUTHORITY TO SIGN ON THEIR BEHALF, AND HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____