

Program | Event Attendance Agreement

COVID-19 Liability Waiver



Date: _____

Date of event: _____ Event time: _____

Name: _____

This Covid-19 Liability Waiver to attend Programs and Events at the Anderson County Museum is intended to address the Covid-19 Pandemic.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that **Anderson County/Anderson County Museum** has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that **Anderson County/Anderson County Museum** cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, and other attendees and their families.

I voluntarily seek services provided by **Anderson County/Anderson County Museum** and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending this program or event.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not traveled internationally within the last 14 days.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold **Anderson County/Anderson County Museum** harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of **Anderson County/Anderson County Museum**, or that may otherwise arise in any way in connection with any services received from **Anderson County/Anderson County Museum**. I understand that this release discharges **Anderson County/Anderson County Museum** from any liability or claim that I, my heirs, or any personal representatives may have against **Anderson County/Anderson County Museum** with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from **Anderson County/Anderson County Museum**. This liability waiver and release extends to **Anderson County/Anderson County Museum** together with the employees, and the program and event attendees.

I agree to follow CDC and State of South Carolina (including DHEC) guidelines relative to Covid-19. This includes, without limitation, maintaining social distancing and encouraging the wearing of facemasks.

Signature of Attendee

Date: _____

Attendee Email

Signature of Anderson County Museum

Date: _____