



## Bank of Marin Golf Tournament COVID-19 Waiver

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 and guidelines with which Side by Side complies.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- ☐ I am aware of the existence of the risk contained by my physical participation in Side by Side's Bank of Marin Golf Tournament that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19.
- ☐ I have not exhibited any symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibited any other symptoms related to COVID-19 or any communicable disease in the last 14 days.
- ☐ I have not, nor any member of my household, traveled by sea or by air internationally or visited any area of the United States that was reported to be highly affected by COVID-19 in the last 14 days.
- ☐ I have not been, nor any member of my household, diagnosed to be infected with COVID-19 virus within the last 14 days.
- ☐ I have shown hard copy OR digital confirmation of my COVID-10 vaccine/negative PCR test to Side by Side's staff.

Following the pronouncements above, I hereby declare the following:

- ☐ With full knowledge of the risks involved, I hereby release, waive, discharge Side by Side, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury or death 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 Side by Side 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 party due to injury, loss or death from or related to COVID-19.

By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent.

### CONTACT INFORMATION FOR CONTRACT TRACING PURPOSES

_____ Printed Name	_____ Signature	_____ Date
_____ Address	_____ City	_____ State
		_____ Zip
_____ Phone Number	_____ Email Address	