



WWWC Covid-19 Liability Release Form

I, _____ (name) knowingly and willingly consent to attending a WWWC weekend or event during the Covid-19 pandemic. I understand that Covid-19 has a long incubation period during which carriers of the virus may not show any symptoms and still be highly contagious.

____ (initials) I understand that due to being in a larger group and knowing the characteristics of the virus, that I have an elevated risk of contracting the virus simply by attending a WWWC weekend or event.

____ (initials) I confirm that I am not presenting any of the following symptoms of Covid-19:

- Fever greater than 99F, chills
- Shortness of breath
- Sore throat, cough
- Runny nose
- Decreased ability to smell or taste
- Body aches, headaches
- Abdominal pains, nausea, diarrhea
- Markedly decreased energy/fatigue

____ (initials) I verify that I have not travelled outside of the US in the past 14 days.

____ (initials) I verify that I do not have known exposure to another person who has had Covid-19 in the past 14 days.

____ (initials) I am opting to continue with a WWWC event and understand and acknowledge that I forever release and discharge WWWC, its Board and Staff from any liability that is attributable to attending a weekend or event, including but not limited to exposure to Covid-19.

____ (initials) I am assuming the elevated risk involved in attending a WWWC weekend or event during the Covid-19 Pandemic.

____ (initials) I acknowledge that I have read all parts of this consent and fully understand its terms.

_____ (name) _____ (date)

(This form will be signed in person by every woman who wants to attend a WWWC weekend or event.)