

Covid-19 and similar viruses Waiver and Release of Liability

By attending this workshop, you acknowledge that we cannot completely eliminate all risk for Covid-19 and similar viruses. If you have been in close contact with anyone who has shown symptoms or if you have any symptoms of a fever, cough, or lost sense of smell, please stay home. If you have any underlying medical conditions or a compromised immune system, you may want to consider attending a training at a later date.

By attending this workshop, you attest that you can answer NO to the following:

- **Do you have a fever or above normal temperature?**
- **Have you experienced shortness of breath or had trouble breathing?**
- **Do you have a cough?**
- **Do you have a sore throat or have you recently had a reduction or loss of your sense of smell?**
- **Have you been in contact with someone who has shown symptoms or has tested positive for COVID-19 recently?**
- **Have you tested positive for COVID-19 or traveled abroad recently?**

In addition to answering “No” to the above questions, the requirements to participate are...

- Bring and be prepared to wear a mask in case local regulations require it at the time
- Wash hands or use hand sanitizer frequently, when entering, exiting, before and after all hands-on assignments and as often as you feel necessary.

In consideration of the risk of infection of the Covid-19 and similar viruses while attending this workshop, as consideration for the right to participate in these trainings, I hereby, for myself and my heirs and assigns, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in this workshop and do hereby release and forever discharge Connie Sultana, her family, household and heirs, the staff of Blossom Birth & Family, the staff of Santa Clara Valley Medical Center and that of Sports Basement for any physical or psychological illness that I may experience as a direct result of my participation in the aforementioned workshop.

The undersigned Trainee desires to participate in an in-person training offered by Trainer. The Trainee acknowledges that in-person events involve risk of injury or sickness, including sickness from COVID-19 and similar viruses.

Trainee, on her own behalf and on behalf of her heirs and assigns, agrees to waive and hold Trainer, DONA International and their representatives harmless from and against any claims, damages or expenses arising from travel to or participation in the in-person event offered by Trainer, including but not limited to sickness or death arising from COVID-19 or similar viruses.

By signing this waiver the participant accepts full responsibility in attending this Workshop.

Trainee/Participant's Signature

Trainee/Participant's Name

Date