

Assumption of the Risk, Release and Waiver of Liability Relating to Coronavirus/COVID-19

Centennial Conference Football Officials, LLC Officials Clinic

Centennial Conference Football Officials, LLC (“CCFO”) is sponsoring a football officials clinic (“the “Clinic”) on March 12 and 13, 2021 at Lehigh Valley Hotel and Conference Center (the “Hotel”), 300 Gateway Drive, Bethlehem Pennsylvania 18017.

Events such as the Clinic are impacted by the novel coronavirus, COVID-19 (“COVID-19”), which has been declared a worldwide pandemic by the World Health Organization (“WHO”). COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact and COVID-19 infections have been confirmed throughout the United States. As a result, federal, state, and local governments and federal and state health agencies recommend or mandated the wearing of masks and social distancing and have, in many locations, prohibited the congregation of groups of people. Accordingly, the CCFO cannot guarantee that attendees of the Clinic will not become infected with COVID-19. Further, attending the Clinic could increase an attendee’s risk of contracting COVID-19.

In accordance with the most recent guidance and protocols issued by the WHO, the Centers for Disease Control and Prevention (CDC), for slowing the transmission of COVID-19 the undersigned, _____ (*Print first and last name*), hereby agrees, represents, and warrants that the undersigned shall not attend the Clinic if within 14 days prior to the commencement of the Clinic, (i) the undersigned traveled outside the United States or has been in close contact with anyone who has traveled outside the United States, (ii) was exposed to any person who has a suspected or confirmed case of COVID-19 or (iii) has experienced any cold or flu-like symptoms in the last 14 days (i.e., fever, cough, shortness of breath, or other respiratory problem). In the event I become ill during the Clinic, I agree to immediately discontinue my participation in the event and alert a representative of CCFO or the Hotel.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Clinic and that such exposure or infection may result in quarantine requirements, personal injury, illness, permanent disability, and death and I agree to accept sole responsibility for any such personal injury, illness, permanent disability and death. I agree to abide by posted rules, warning or instructions by the Hotel, the venue where the event is held, and any government authority with respect to social distances, adherence to any dress code (including mandatory face coverings) and sanitation guidelines. I understand, however, that the risk of becoming exposed to or infected by COVID-19 at the Clinic may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CCFO’s members, representatives and Clinic attendees and participants, and conditions at the Hotel.

I hereby release, forever discharge and covenant not to sue CCFO, located at 3240 S 5th Ave, Whitehall, Pennsylvania 18052, and its members (including their heirs and personal representatives), agents, representatives, insurers, successors and assigns (collectively

the "Released Parties") from any and all claims and demands for or in respect of personal injury, illness, permanent disability and/or death suffered or incurred by me arising out of or resulting from my attendance at the Clinic, even if such personal injury, illness, permanent disability or death arises or results from the negligence or fault of any Released Party. Further, I hereby agree to indemnify the Released Parties and hold them harmless from and against any and all claims, losses, damages, costs and expenses, including reasonable attorneys' fees, suffered or incurred by any of the Released Parties arising out of or resulting from my attendance at the Clinic.

I understand and agree that CCFO is not required to provide insurance to cover the undersigned in the event they suffer illness, injury, death, property loss, theft, or damage of any sort in connection with my attendance at the Clinic.

I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM CCFO INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT THE CLINIC AND ANY PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY AND/OR DEATH RESULTING THEREFROM.

I agree that this Assumption of Risk, Waiver and Release of Liability shall be governed for all purposes by Pennsylvania law, without regard to any conflict of law principles.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

Participant's Name : _____

Participant's Address: _____
