

SIGMA GAMMA RHO SORORITY, INCORPORATED  
COVID-19 SAFETY ACKNOWLEDGEMENT -- LIABILITY WAIVER AND RELEASE OF CLAIMS  
PARTICIPANT UNDER 18 YEARS OLD

**COVID-19 SAFETY INFORMATION:**

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, guidelines, and some prohibitions which Sigma Gamma Rho Sorority, Inc., (“Sorority”) adheres to comply. Considering the ongoing spread of COVID-19, individuals who fall within any of the categories below should not voluntarily participate in face-to-face activities, meetings or events organized, facilitated, or sponsored by the Sorority (“Activity” or “Activities”).

**In consideration of my child’s participation in the foregoing, I/We certify that I/We are parent(s) or legal guardian(s) of \_\_\_\_\_ who is under 18 years old (“Participant”). I/We are authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing behalf of my/our child to participate in the Activity, and hereby acknowledge, understand, and agree to the terms enumerated in this document, including the terms set forth on any other documents, guidance or policies established by the Sorority including the following:**

1. I/We/Participant are aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. Participant has not experienced symptoms associated with COVID-19, which include fever, cough, fatigue, and shortness of breath among others, or any communicable disease within past fourteen (14) days.
3. Participant, nor any member(s) of the household, traveled by sea or by air, internationally within the past thirty (30) days.
4. Participant has not traveled at any point in the past fourteen (14) days to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19.
5. Participant has not been, nor any member(s) of the household, diagnosed to be infected of COVID-19 virus within the last 30 days or not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for treatment.

While voluntarily participating in Sorority Activities, “social distancing” must be practiced, and face coverings worn at all times to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, the Sorority has provided this guidance to reduce the spread of COVID-19. However, the Sorority cannot guarantee that you, participants, volunteers, partners, or others in attendance will not become infected with COVID-19. By signing below, you agree to follow instructions for the \_\_\_\_\_ at \_\_\_\_\_ (“Activity”) that may be outlined in any additional materials provided by Sorority, incorporated herein.

**MEDICAL ACKNOWLEDGMENT AND RELEASE.** I/We/Participant acknowledge the health risks associated with the Activity, including but not limited to transient dizziness, lightheaded, fainting, nausea, muscle cramping, musculoskeletal injury, joint pains, sprains and strains, heart attack, stroke, or sudden death. Participant agrees to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath). I/We/Participant agree that if Participant experiences any of these or any other COVID-19 symptoms during the Activity, Participant will discontinue my participation immediately and seek appropriate medical attention, and if practical, contact the Sponsoring Chapter Basileus \_\_\_\_\_ at \_\_\_\_\_, within 14 days after participating in the Activity.

**RELEASE AND WAIVER:**

With full knowledge of the risks involved, I/We/Participant hereby release, waive, and forever discharge the Sorority, all past, present and future members of its board, its officers, independent contractors, affiliates, employees, representatives, partners, successors, and assigns (“Released Parties”) from any and all liabilities, claims, demands, actions, and causes of action whatsoever, wither in law or in equity, directly or indirectly, to the fullest extent permissible by law, including but not limited to any loss, damage, injury, or death, caused by the negligence, fault or conduct of any kind on the part of the Released Parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which I/We/Participant, our/my heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my/our behalf, which arise or may hereafter arise from Participant’s participation in the Activity, or that may be that may be sustained by Participant related to COVID-19 while participating in any activity 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/We/Participant agree to indemnify, defend, and hold harmless the Sorority 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 Parties due to injury, loss, or death from or related to the Activity or COVID-19.

**LIABILITY WAIVER/ ASSUMPTION OF RISK:**

I/We/Participant acknowledge Participant derives personal satisfaction and a benefit by virtue of participation and/or voluntarism with the Sorority, and Participant willingly engages in Sorority Activities. I/We/Participant are fully and personally responsible for Participant’s own safety and actions while and during Participant’s participation in Activities, and I/We/Participant recognize that Participant may be at risk of contracting COVID-19. I/We/Participant acknowledge and understand the following:

1. I/We/Participant recognize that Participant’s participation, involvement and/or attendance at the Sorority Activity is voluntary and may result in personal injury (including death) and/or property damage.
2. I/We/Participant knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID- 19, even if arising from the negligence or fault of the Released Parties; and
3. I/We/Participant hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

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**ACTIVITY INFORMATION:**

Name of Activity/Event: \_\_\_\_\_

Provide Brief Description: \_\_\_\_\_

Location: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Sponsoring Chapter: \_\_\_\_\_

**Participant Acknowledgement (Student Participant)**

With my parent/guardian, I have fully read and understand this waiver and I hereby acknowledge, understand, and agree to comply with the terms set forth in in this document, including the terms set forth on any other documents, guidance or policies established by the Sorority.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Print Name

\_\_\_\_\_  
Date

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Parent/Guardian Acknowledgment

I have fully read and understand this waiver and I hereby acknowledge, understand, and agree that my child must comply with the terms set forth in in this document, including the terms set forth on any other documents, guidance or policies established by the Sorority.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Date