

COVID-19 Liability Release Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and am aware of the latest CDC recommendations.

I further acknowledge the Franciscan Renewal Center has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Franciscan Renewal Center cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, renewal center staff, and other lodging guests and their families.

I acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 and acknowledge that I must comply with all set procedures to reduce the spread while attending this retreat.

Lattest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold the Franciscan Renewal Center harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Franciscan Renewal Center. I understand that this release discharges the Franciscan Renewal Center from any liability or claim that I, my heirs, or any personal representatives may have against the retreat center with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to my participation in this retreat. This liability waiver and release extends to the retreat center together with all owners, partners, and employees.

Signature:	Date:	
Phone Number:	Room #:	