

**LIGHTHOUSE FAMILY RETREAT COVID-19 PROTOCOLS & WAIVER**

**WHILE PARTICIPATING IN THE LIGHTHOUSE FAMILY RETREAT COMMUNITY OF CARE PROGRAM YOU AGREE TO THE FOLLOWING GUIDELINES:**

Due to the contagious nature of COVID-19, Lighthouse Family Retreat (LFR) has put in place preventative measures to reduce the spread of COVID-19. However, LFR cannot guarantee that its participants, volunteers, partners will not become infected with COVID-19.

Considering the contagious nature of COVID-19, individuals who fall within any of the below categories should not engage in any LFR event including the Community of Care program. By participating in the Community of Care program, you certify that you, and all members and of your family listed below, do not fall into any of the following categories:

1. Individuals who currently or within the past 14 days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
2. Individuals who believe they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.
3. Individuals who have traveled in the last 14 days internationally or domestically to areas with increased or sustained counts of people infected with COVID-19 in the last 14 days
4. All adult attendees will be asked to sign a waiver releasing Lighthouse of any Liability against Covid-19 and other illnesses.

**DUTY TO SELF MONITOR**

Prior to participating in the Community of Care, if I or any of my attending family members experience symptoms of COVID-19 fourteen (14) days prior to retreat agree to contact and notify LFR at (706) 372-2602 and will receive next steps from LFR staff.

**LIABILITY WAIVER AND RELEASE OF CLAIMS:** RELEASE AND WAIVER. I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST LIGHTHOUSE FAMILY RETREAT AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES 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, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION WITH THE ACTIVITY.

**ASSUMPTION OF THE RISK.** I acknowledge and understand the following for myself and my participating family members:

1. Participation in the LFR Community of Care program includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I 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 hereby knowingly assume the risk of injury, harm, and loss associated with the retreat, including any injury, harm, and loss caused by negligence, fault, or conduct of any kind on the part of the Released Parties.

As a Community of Care participant, I recognize that my participation, involvement, and/or interaction with the LFR Community of Care program is voluntary. By signing below and/or participating in the program, you are deemed to have given a full release of liability to the released parties to the fullest extent permitted by law.

Minor 1: \_\_\_\_\_ Minor 4: \_\_\_\_\_  
Minor 2: \_\_\_\_\_ Minor 5: \_\_\_\_\_  
Minor 3: \_\_\_\_\_ Minor 6: \_\_\_\_\_

**PARENT/GUARDIAN SIGNING FOR MINORS:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN/2<sup>ND</sup> ADULT:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_