

# Mary Free Bed Wheelchair and Adaptive Sports COVID-19 Waiver

In consideration of the risk of injury or illness that exists while participating in a sport or recreational event held by Mary Free Bed Wheelchair and Adaptive Sports.

I hereby, for myself and/or my minor child, consent to voluntarily participating in the above activity.

I am aware of the risks associated with participating in this activity, including that associated with the exposure of communicable diseases, including, but not limited to, Covid-19.

I am aware that Mary Free Bed Rehabilitation Hospital will follow CDC guidelines as it relates to prevention of illness, but that I, and/or my minor child, will participate in the activity entirely at my, or my minor child's, own risk.

I hereby certify that the participant does not have any symptoms of/ tested positive for Covid-19, or has been exposed to anyone that has had symptoms of/has tested positive for Covid-19 in the last 14 days. These symptoms include:

- Fever
- New or worsening cough with respiratory illness
- Sore throat with respiratory illness
- Difficulty breathing or shortness of breath
- Chills or shaking with chills
- Loss of taste/smell

I understand that it is my duty to notify Mary Free Bed Rehabilitation Hospital if any symptoms or exposure develop prior to the event. In the event that symptoms or exposure does arise, I, and/or my minor child, agree not to attend the activity.

I understand that risk of infection may arise from my own or others' negligence, including contact with other participants. Nonetheless, I assume all related risks, both known and unknown to me and/or my minor child's participation in this activity.

I agree to indemnify, defend and hold harmless Mary Free Bed Rehabilitation hospital, it's employees, agents, and volunteers, against any claims, suits or actions of any kind whatsoever for any and all injuries, illness, liability, damages, compensation or otherwise brought by me or anyone on my behalf.

I agree that Mary Free Bed Rehabilitation Hospital, its employees, agents, and volunteers, are not responsible for errors, omissions, acts or failures to act of any party or entity conducting the specific event or activity on behalf of Mary Free bed.

In the event that I should require medical care or treatment, I authorize Mary Free Bed Hospital to provide or access emergency medical care as they deem necessary, including but not limited to first aid, CPR, use of AED's, emergency medical transport. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment.

I authorize the release of medical information with medical personnel upon initiation or transfer of medical care.

I hereby acknowledge that I have carefully read this "Waiver and Release" and fully understand that by signing this, I agree to release and hold harmless Mary Free Bed Rehabilitation Hospital, employees, agents, and volunteers from any and all claims related to my participation.