

## Hungarian Bazaar Waiver & Release: Event Participation

**Name of Event Attendee (Please Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Today's Health Attestation:** I attest that, at the time of this event, I do not have symptoms of COVID-19 as detailed by the Centers for Disease Control and Prevention. Specifically, I do not have and am not showing symptoms of any of the following: **fever, chills, shortness of breath, headache, sore throat, or loss of taste or smell.** I attest that I have not tested positive for COVID-19 in the past 14 days, and that I have not had exposure to someone who tested positive for COVID-19 in the past 14 days. I attest that I did not take a COVID-19 test in the past 14 days because I believed that I had COVID-19 symptoms or was exposed to someone with COVID-19.

**General Waiver and Release:** In consideration for entrance to the Hungarian Bazaar organized by the Hungarian Scouts of Washington D.C. in the Woman's Club of Chevy Chase located at 7931 Connecticut Ave. Chevy Chase, MD 20815 (hereinafter the "Bazaar"), I assume the risk of visiting the Bazaar and participating in any activity while in, on, or around the Bazaar and/or while using any Bazaar facilities, exhibits, programs, materials, or amenities. I further agree, on behalf of myself and my family, estate, heirs, executors, administrators, assigns, and personal representatives, to release, discharge, indemnify, and hold harmless the HUNGARIAN SCOUTS OF WASHINGTON D.C. and the STATE OF MARYLAND, their board members, directors, officers, agents, servants, independent contractors, affiliates, employees, volunteers, successors, and assigns (collectively, the "Released Parties") from any and all liability arising from injury or death, property damage or other loss experienced by me. This release and waiver extend to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

**COVID Waiver and Release:** I acknowledge and accept that it is my responsibility to comply with the guidelines of the State of Maryland relating to COVID-19. Because the Bazaar is open for use by other individuals, I recognize that I am at higher risk of contracting COVID-19. With full awareness and appreciation of the risks involved, I on behalf of myself, my family, estate, heirs, executors, administrators, assigns, and personal representatives, hereby release, discharge, hold harmless, and covenant not to sue the Released Parties from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19, whether caused by the Bazaar, the negligence of the Released Parties, any third-party using the Bazaar, or otherwise, while participating in any activity while in, on, or around the Bazaar and/or while using any Bazaar facilities, exhibits, programs, materials, or amenities.

By signing below, you are agreeing to the waiver as it is stated above.

**Signature:** \_\_\_\_\_

Signature of Parent/Guardian (needed if Event Attendee is under age 18):

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_