



COVID-19 Liability Release Waiver

TLS Annual Gathering, Sept. 30-Oct 2, 2022
The Casa – Franciscan Renewal Center, Scottsdale, AZ

OFFICE USE ONLY

Rec'd _____
Proc'd _____
ID # _____

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

I further acknowledge The Labyrinth Society has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that The Labyrinth Society 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, The Labyrinth Society staff and volunteers, 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 gathering.

I attest 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 Labyrinth Society 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 Labyrinth Society. I understand that this release discharges The Labyrinth Society from any liability or claim that I, my heirs, or any personal representatives may have against The Labyrinth Society 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 gathering. This liability waiver and release extends to The Labyrinth Society together with all partners, and employees.

Signature: _____ Date: _____

Phone Number: _____ Room #: _____