



ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY

I understand and acknowledge that COVID-19 is a global pandemic. On March 13, 2020, the President of the United States declared that the outbreak of COVID-19 in the United States constitutes a national emergency. The Governor of the State of Pennsylvania also declared a State of Emergency in the State of Pennsylvania because of COVID-19. I understand and acknowledge that COVID-19 is a public health risk, and that The Pennsylvania Pole Academy cannot guarantee my safety or immunity from infection. There is no known vaccination for COVID-19. The mode by which COVID-19 is transmitted or how long it remains on surfaces is not entirely known. With full appreciation of these facts, I voluntarily agree to attend and/or participate at The Pennsylvania Pole Academy. I knowingly and voluntarily assume all risks including but not limited to, the risk of illness, death, bodily injury, disability, or exposure/infection with COVID-19. With full understanding of the aforementioned risks, I knowingly and voluntarily waive and release The Pennsylvania Pole Academy, LLC, its owners, employees, affiliates, and insurance company from all present and future claims of any type for any harm or loss, including but not limited to: direct, indirect, special, consequential, punitive damages, economic loss, personal injury, disease, death, or property damage suffered by me and my family. I agree to indemnify, hold harmless, and covenant not to sue The Pennsylvania Pole Academy, LLC, its owners, employees, affiliates, and insurance company for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other losses suffered by me or my family. By my signature below, I certify that I have read and fully understand this waiver/release and understand that it affects my legal rights. I understand and acknowledge that this waiver/ release shall be binding on me, my heirs, family, estate, representatives, and assigns.

Name: _____

Date: _____

Signature: _____