

**APOCALYPSE STRONG  
COVID-19 PARTICIPATION AGREEMENT  
FOR IN-PERSON ACTIVITY**

Activity: \_\_\_\_\_ (“Activity”)

In consideration of Apocalypse Strong allowing the undersigned to participate in the in-person Activity described above, the undersigned hereby acknowledges and agrees that:

1. COVID-19 is an extremely contagious disease that can lead to severe illness and possibly death.
2. While Apocalypse Strong has taken reasonable steps to minimize the risk of exposure to COVID-19 while participating in the Activity, there is always an inherent risk of exposure in any place where people are present.
3. I am under no obligation by Apocalypse Strong to participate in the Activity and my participation is voluntary.
4. Despite the potential risks associated with participating in the Activity, I wish to participate, and freely accept and assume all risks and responsibility for all damages that may result from my participation.
5. I must always comply with all Apocalypse Strong health and safety requirements relating to COVID-19, including but not limited to, wearing facial coverings (over the nose and mouth) when in situations that social distancing cannot be maintained and maintaining social distancing (at least 6 feet) when able during the Activity.
6. Within the last fourteen (14) days, I have not:
  - a. Received a positive test for COVID-19;
  - b. Experienced any symptoms<sup>1</sup> of COVID-19; or
  - c. Had close contact<sup>2</sup> with anyone who has COVID-19.
7. If at any time my representation in 6.a., 6.b., or 6.c. (above) becomes untrue, I will immediately notify the Activity supervisor and/or other Apocalypse Strong official and follow their directives.
8. I understand that if I reasonably appear to be sick while participating in the Activity, I may be required to leave the Activity at the discretion of the Activity supervisor and/or another Apocalypse Strong official.
9. (For students) I understand that my failure to comply with any Apocalypse Strong health or safety requirement or directive relating to COVID-19 may result in removal from activity without a refund.

Participant’s Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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<sup>1</sup> SYMPTOMS OF COVID-19: Fever (in excess of 100.4 degrees), Cough, Shortness of Breath/Difficulty Breathing, Tiredness, Muscle Pain, Chills, Sore Throat, Newly Loss of Taste or Smell, Headache, Chest Pain, Nausea, and/or Diarrhea.

<sup>2</sup> CLOSE CONTACT is currently defined by the CDC as one or more of the following: you were within 6 feet of someone who has COVID-19 for at least 15 minutes (with or without facial coverings); or you provided care at home to someone who has COVID-19; or you had direct physical contact with someone who has COVID-19 (touched, hugged, or kissed them); or you shared eating or drinking utensils with someone who has COVID-19; or someone who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.