

Baptist Resource Network Communicable Disease Release



Informed Consent: _____
(Individual or Group Name)

In exchange for being allowed to use Baptist Resource Network (BRN) property, the individual or group acknowledges that they or all members of the group, their heirs, assigns, or personal representatives agree to hold BRN harmless while using BRN property and agree to waive, discharge, and covenant not to sue the Baptist Resource Network, its Executive Board, directors, officers, employees, and agents. This shall include any and all claims including negligence resulting in personal injury, accidents, or illness, death, job loss, and property loss arising from the use of the property.

1. The BRN acknowledges that there are disease risks associated with property usage including illness, terminal disabilities, or death from communicable diseases. The diseases include but are not limited to COVID-19.

The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

2. The BRN recommends that the individual and/or group follow appropriate federal, state, and local guidelines pertaining to the protections against the spread of communicable diseases.

3. I/THE GROUP KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE INDIVIDUAL and/or GROUP or others and assume all full responsibility for my participation and use.

4. I/THE GROUP acknowledges that we are responsible for all disease transmission prevention measures while using the property. By agreeing to use the facility, we assume individual and/or group responsibility for compliance with applicable Department of Health and other governmental orders.

5. I/THE GROUP willingly agree to comply with the stated and customary terms and conditions for use of the property. If, however, I/the group observe any unusual significant hazard related to illness or disease during my presence or participation, I/the group will remove oneself from participation and bring such to the attention of the BRN immediately; and

6. I/OUR GROUP HAVE READ THIS RELEASE OF COMMUNICABLE DISEASE LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING BY SIGNATURE BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE GROUP'S PARTICIPANTS, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Individual or Group Leader

Signature of Second Group Leader (if applicable)

Printed Name

Printed Name

Date _____

Date _____