COVID-19 ASSUMPTION OF RISK, WAIVER, AND RELEASE

Please read carefully before signing.

| I, the undersigned, have requested that and/or use of its facilities and amenities located | | (the " <u>HOTEL</u> ") provide me with access to(the "Property"). In consideration |
|---|---|--|
| for my access to the Property, now or in the future | | |
| COVID-19 Assumption of Risk and Certain Acknown The World Health Organization declared the nove extremely contagious and is believed to spread may and federal and state health agencies recommended of people. | l coronavirus, COVID-19, a worldwid inly from person-to-person contact. A | a result, federal, state, and local governments |
| Although the safety and security of its employed Members") and its guests, clients, vendors, supplied regardless of any steps taken by the HOTEL to reare a number of risks associated with me accessing to, being exposed to and contracting COVID-19 for respect to the Property include, but are not limited sanitizer stations in various locations; (3) careful a conference spaces before, during, and after an event | ers, and visitors (collectively, the "Visitors duce the risks associated with the CO g and using the Property during the Commindividuals, surfaces, and airborne ed to, the following: (1) propping open nonitoring and regular cleaning and sa | tors") remain top priorities of the HOTEL, and VID-19 pandemic, I am fully aware that there OVID-19 pandemic, including, but not limited particles. The steps taken by the HOTEL with en commonly used doors; (2) setting up hand antitization of guest rooms, common areas, and |
| I understand that contracting COVID-19 could respossibly lead to death. I further understand that not of myself and my heirs, successors, and assigns, known and unknown, related to COVID-19, include | actions by the HOTEL will guarantee by accessing and using the Property, | that I will not contract COVID-19. On behalf I knowingly and freely assume all risks, both |
| My Commitments Please acknowledge and indicate your commitment | t to and agreement with the following | with your initials below: |
| I have not experienced any cold or flu-lik in the last 14 days. | e symptoms (fever, cough, shortness o | f breath, etc.) or tested positive for COVID-19 |
| I have not had close contact with or cared | for someone diagnosed with COVID- | 19 within the last 14 days. |
| I will frequently wash my hands or use ha | and sanitizer during the event at the Pr | operty and while on HOTEL grounds. |
| I will wear a cloth face covering when at | the Property. | |
| I will maintain 6 feet of social distance fr | om others not in my household when a | at the Property and while on HOTEL grounds. |
| | | oms of COVID-19 or if entry to the Property Members as determined by HOTEL in its sole |
| Waiver, Release, and Indemnification I, on behalf of myself and my heirs, successors are indemnify the HOTEL, its affiliates, and each of the assigns (collectively, the "Indemnified") from any or damages ("Losses") arising from or related to C not limited to, claims based on the alleged negliged or any Indemnified for any illness, injury, death, or them harmless from any and all Losses resulting the | neir Team Members, directors, officers and all claims, demands, torts, contract OVID-19 connected in any way with re- nice of any Indemnified or any other per- tother Losses arising out of or related | s, affiliates, investors, insurers, successors, and ets, obligations, suits, actions, causes of action, my access or use of the Property, including, but erson. I further promise not to sue the HOTEL |
| I have read this <i>COVID-19 Assumption of Risk</i> Agreement knowingly, freely, and voluntarily w | | |
| Printed Name (Visitor) | Signature | Date |
| Visitors under 18 years of age must also have a | Parent/Guardian sign this Agreeme | nt as well: |
| Printed Name (Parent/Guardian) | Signature (Parent/Guardian) | Date |