



COMMUNICABLE DISEASE EXPOSURE AND INFECTION ASSUMPTION OF RISK, HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

As lawful consideration for my being granted access to the Sammons Center for the Arts ("FACILITY"), and being permitted to participate in its ("ACTIVITIES"), including but not limited to being allowed to use its offices, rental halls, spectate, observe, work, volunteer, participate in any way, or otherwise be granted entrance to the FACILITY for any reason and by signing below, I acknowledge that I have read, understand, and agree to the following, on my own behalf, on behalf of any minor accompanying me, and on behalf of my personal representatives, heirs and next of kin, agents, and principals:

1. The novel coronavirus, COVID-19, also known as "severe acute respiratory syndrome coronavirus 2 ("SARS-CoV2") has been declared a worldwide pandemic by governments and public health agencies. SARS-CoV-2, COVID-19 and/or any mutation or variation thereof (hereinafter "COVID-19") is extremely contagious. COVID-19 and other communicable, contagious, or infectious diseases, (collectively, "DISEASE") can be spread by exposure to people or otherwise.
2. The unavoidable risk exists that I will become exposed to or infected with DISEASE, and could suffer resulting or related death, disability, illness, sickness, infection, disease, syndrome, or other undesirable health condition (collectively "AFFLICTED"), whether now known or unknown, from DISEASE.
3. No one, including RELEASEES as defined below, can eliminate the risk that I will become exposed to or infected by or otherwise experience DISEASE. I am personally responsible for following the DISEASE mitigation guidelines and restrictions of federal, state, county, or other applicable authority including those of the FACILITY. I understand that being AFFLICTED by DISEASE may result from the actions, omissions, or negligence of myself and others, including, but not limited to, RELEASEES as defined below.
4. I voluntarily, and knowing the foregoing risks, assume these risks and accept sole responsibility that I may be exposed to or AFFLICTED by DISEASE by entering the FACILITY or participating in ACTIVITIES. If I choose not to assume these risks, I will neither enter FACILITY nor participate in ACTIVITIES, and by staying at FACILITY I affirm my continuing acceptance of all such risks.
5. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE SAMMONS CENTER FOR THE ARTS, FACILITY OWNERS, the City of Dallas, staff, participants, , or any affiliated entities thereof, vendors, technicians, and any persons, owners, and lessees on premises used to conduct ACTIVITIES, premises, and those who clean and maintain FACILITY, Board of Directors, officers, agents, employees, representatives, owners, members, affiliates, successors, and assigns, collectively referred to as "RELEASEES", FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, next of kin, agents, and principals FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR, WHETHER CAUSED BY THE NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE INCLUDING EXPOSURE TO DISEASE, THAT MAY RESULT IN ILLNESS, INJURY, DISABILITY, OR DEATH. I understand and agree that this release includes claims based on the actions, omissions, or negligence of any RELEASEE whether DISEASE exposure occurs before, during, or after entry to FACILITY or participation in ACTIVITIES at FACILITY.
6. I hereby agree to INDEMNIFY and SAVE AND HOLD HARMLESS the RELEASEES and each of them from any loss, liability, damage, or cost (including their reasonable attorneys' fees and costs) that I may incur arising out of or related in any manner to my attendance at or participation in ACTIVITIES.
7. SEVERABILITY AND ENFORCEMENT. This Agreement is intended to be as broad and inclusive as is permitted by the laws of the state in which ACTIVITIES are conducted and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I intend for this Agreement to apply any time I am present at the FACILITY .

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT, UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, ORAL REPRESENTATIONS, OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW, INCLUDING THE RIGHT, DIRECTLY OR INDIRECTLY, TO SUE THE RELEASED PARTIES.

FULL NAME (Printed) _____

SIGNATURE _____ DATE _____

PHONE _____ EMAIL _____