

## **COVID-19 SAFETY ACKNOWLEDGEMENT - RELEASE OF LIABILITY & ASSUMPTION OF RISK**

### **COVID-19 SAFETY INFORMATION:**

While participating in Peer Support Specialist Training provided by Path to Prime, LLC, consistent with Stage 4 of the Idaho Department of Health and Welfare Stay Healthy Guidelines, participants are asked to wear a face covering over their nose and mouth regardless of vaccination status. Participants are encouraged to practice hand hygiene, physical distancing, and cover coughs or sneezes with their sleeve or elbow, not hands. Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Path to Prime, LLC is following preventative measures to reduce the spread of COVID-19 in the training environment. However, we cannot guarantee that participants will not become infected with COVID-19. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in training at this time. By attending Peer Support Specialist Training provided by Path to Prime, LLC, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

### **DUTY TO SELF-MONITOR:**

Participants agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and contact a training facilitator if you experience symptoms of COVID-19 within 14 days after participating in training.

### **LIABILITY WAIVER AND RELEASE OF CLAIMS:**

I acknowledge that I am voluntarily and willingly participating in Peer Support Specialist Training provided by Path to Prime, LLC at my own risk. I acknowledge I am assuming risk of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

### **RELEASE AND WAIVER:**

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST PATH TO PRIME, LLC AND ITS AFFILIATED PARTNERS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTOR AND STAFF (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION IN PEER SUPPORT SPECIALIST TRAINING.

### **ASSUMPTION OF RISK:**

I acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, illness, harm and loss associated with training participation, including any injury, illness, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.

**MEDICAL ACKNOWLEDGMENT AND RELEASE:**

I acknowledge the health risks associated with training participation (the Activity). I agree that if I experience any symptoms of illness during training participation, I will discontinue my participation immediately, notify a training facilitator, and seek appropriate medical attention. I DO HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT, OR SERVICE RENDERED IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY.

As a participant, you recognize that your participation is voluntary and may result in personal injury and/or illness. By participating, you acknowledge and assume all risks and dangers associated with your participation, and you agree that: (a) Path to Prime, LLC (b) the property or site owner of the training facility, and (c) all past, present and future affiliates, successors, staff, employees, partners, directors, and officers of such entities (subsections (a) through (c), collectively, the "Released Parties"), will not be responsible for any personal injury (including death), illness, property damage, or other loss suffered as a result of your participation in Peer Support Specialist Training, regardless if any such injuries, illness, or losses are caused by the negligence of any of the Released Parties (collectively, the "Released Claims").

**BY ATTENDING AND PARTICIPATING IN TRAINING, I AM DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW.**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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**Printed Name**

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**Signature**

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**Date**