



Troop or Service Unit Number: _____

For Membership Year: 2020-2021

Release and Waiver of Liability

This Release and Waiver of Liability (this "Release") is in favor of the Girl Scouts of Ohio's Heartland Council, Inc. (the "GSOH") an Ohio not-for-profit corporation, and its directors, trustees, officers, employees, agents, representatives, volunteers, successors, and assigns (together with GSOH, the "Released Parties").

I hereby acknowledge and understand the risks associated with the contagious nature of COVID-19. During the current COVID-19 pandemic (the "Pandemic"), I desire to participate in and/or, volunteer for, and, if applicable, I desire that my minor child or children ("Child") attend, various troop meetings, troop events and programs of GSOH during the membership years indicated above. I desire to provide and/or receive, and if applicable, for my Child to receive, various in person services in connection with Troop Meetings, Events and Programs organized and/or provided by, volunteers, and, in some cases, GSOH staff and other Released Parties, ("Services"). In return for the Programs and Services, I hereby release and forever discharge the Released Parties from any liability, charges, causes of action, claims, demands and other matters of any kind or nature, either in law or in equity, which may arise from or be on account of or in connection with the Programs and Services, including in connection with the Pandemic and on behalf of myself and, if applicable, on behalf of my Child as well. I specifically acknowledge and agree to this Release in connection with any and all risks related to the Pandemic and with full knowledge of the associated risks.

I represent that during the duration of the Services, I will immediately notify the Troop Leadership Volunteer if (a) I and, if applicable, my Child, experiences any COVID-19 symptoms; (b) I and, if applicable, my Child, is under any COVID-19 investigation or restriction or has tested positive for COVID-19; and (c) I and, if applicable, my Child, have any reasonable belief that myself and/or my Child, if applicable, may have come into close contact with a COVID-19 patient.

I and, if applicable, on behalf of my Child as well, hereby expressly and specifically assume the risk of injury or harm in all of the Programs and Services in which I and/or we participate, and release and forever discharge and hold harmless the Released Parties from all liability for all matters, including, but not limited to, bodily injury, personal injury, illness, death, loss, expenses, charges, or property damage that may result from such Programs and Services, including as a result of or in connection with the Pandemic.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the applicable law. I agree that in the event that any provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remaining provisions of this Release.

BY SIGNING MY NAME BELOW, I ACKNOWLEDGE AND AGREE THAT I HAVE CAREFULLY READ THIS RELEASE AND WAIVER AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND THAT I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT ANY CLAIM AGAINST THE RELEASED PARTIES IN CONNECTION WITH THE PROGRAMS AND SERVICES ON BEHALF OF MYSELF AND, IF APPLICABLE, MY CHILD AS WELL.

ADULT PARTICIPANTS (Volunteer, GSOH member, non-members):

Name of Adult Participant: _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of Adult Participant: _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of Adult Participant: _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name of Adult Participant: _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

IF MINOR CHILDREN:

Name of Legal Parent/Guardian (Print): _____

Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Name(s) of Minor Child(ren): _____
