

## **COVID-19 PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in the training program, I acknowledge and agree as follows:

1. I understand that there is currently an ongoing public health emergency related to the COVID-19 virus, and that while C1 has undertaken multiple measures to minimize the risk of COVID transmission by following, where possible, all CDC, state and local guidelines for business and employers, there still remains the general risk of contracting the virus while enrolled in the Training Program.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF THOSE RISKS ARISE FROM THE NEGLIGENCE OF C1, the School, or others connected to or affiliated with the School and assume full responsibility for my participation in the Training Program.
3. I willingly agree to comply with the terms and conditions for participating in the Training Program, including any COVID-related policies put in place by C1 and/or the School. If at any point during the Training Program I observe any unusual or significant departure from these policies, I agree that I will bring such departures to the attention of Matt Carroll at (800) 296-1860 ext. 2172.
4. I further agree that I will inform the School Director immediately if I begin to experience COVID-related symptoms while enrolled in the Training Program, and that I am subject to being temporarily dismissed from the training program and sent home until I have been symptom free for fourteen (14) days, after which I will be allowed to return.
5. I, for myself, and on behalf of my heirs, designees, personal representatives, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS C1 and any related entities, School and the officers, directors, owners, officials, agents, employees, and insurers, of each entity from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY, OR DEATH I may suffer, or loss or damage to person or property I may incur, as a direct or indirect result of my participation in the Training Program or any other activity or conduct associated with the School or the Training Program, WHETHER ARISING FROM THE NEGLIGENCE OF C1, THE SCHOOL, ANY PARTY CONNECTED TO OR AFFILIATED WITH THE SCHOOL OR OTHERWISE, to the fullest extent permitted by law.
6. I further agree that each of the provisions of this COVID-19 Release of Liability and Assumption of Risk Agreement (“Agreement”) shall be enforceable independently of any other provision of this Agreement. Whenever possible, each provision of this Agreement shall be interpreted in such manner as to be effective and valid, under applicable law, but if such provisions shall be prohibited by or invalid under applicable law, such provision shall be void without effecting the validity or enforceability of the remaining provisions of this Agreement. I further acknowledge and agree that the law of the State of Indiana will govern the interpretation, validity, and effect of this Agreement without regard to the place of execution or place of performance thereof or Indiana’s choice of law rules. I further acknowledge and agree that any legal action with respect to this Agreement or any injury, disability, or death occurring in whole or in part as a result of my participation in the Training Program or the School shall be venued in the state or federal courts located in Marion County, Indiana.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, UNDERSTAND THAT I HAVE THE OPTION TO HAVE THIS AGREEMENT REVIEWED BY LEGAL COUNSEL OF MY CHOOSING AND AT MY EXPENSE, AND SIGN IT FREELY, KNOWINGLY, AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION.