



## **PARTICIPATION AGREEMENT**

### **AND RELEASE OF LIABILITY AS TO COVID-19**

Acknowledgement and Express Assumption of Risk and Release of Liability

#### **Please read carefully before signing.**

I wish to participate in a wedding to be held at Bella Vista Estate, as well as any additional special events happening on site throughout the weekend. I may participate as a guest, a wedding party member, a vendor, an independent contractor or in a role similar to any of those (any such role, a "Participant"). I understand that in order to be a Participant at the Event, I must:

- Certify that, as of each day of the Event, I have not tested positive for COVID-19, I have no symptoms of COVID-19 and I have not, within the 14-day period prior to the Event, been in contact with any person who has been diagnosed with COVID-19. See Section I, "My Certification."
- Agree to abide by all laws, rules and restrictions regarding safety and social distancing that are in effect during the Event. See Section II. "My Agreement."
- Release Bella Vista Estate and related parties from any liability that relates to COVID-19 and my Participation. See Section III, "My Release."

If I am under the age of 18, in order to be a Participant, my parent or legal guardian must make the above certification, agreement and release on my behalf.

#### **Section I – My Certification**

By my initials below, I certify that (1) I am not currently experiencing any of the symptoms below, and that (2) I have not experienced any of the symptoms below within the 14 days prior to the Event:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Shaking
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Fever

By my initials below, I also certify that within the 14-day period prior to the Event, I have not been in contact with any person who has been diagnosed with COVID-19.

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## Section II – My Agreement

I understand that in order to be a Participant at the Event, I must abide by all applicable laws, rules and regulations regarding safety and social distancing that are in effect as of the dates of the Event.

I have read the Five Commitments of Containment for Routt County.

1. Maintain six feet of social distance
2. Wash your hands often
3. Cover your face in public places
4. Stay at home if you are sick or at risk
5. Seek testing if you have symptoms

I understand that such rules require face coverings, frequent hand washing or sanitizing and social distancing. By signing below, I agree to abide by all such laws, rules and regulations. I understand and agree that some, but not all, of such laws, rules and restrictions may be set forth in signage or instructions provided by Event staff. I understand that if I do not abide by such laws, rules and restrictions, I will be asked by Event staff to leave the Event immediately. By initialing below, I agree to leave the Event if asked to do so by Event staff and to incur any expense for my transportation away from the Event.

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## Section III – My Release

Bella Vista Estate values your safety and has put in place preventative measures to reduce the spread of COVID-19 and recommends that all Guests practice social distancing and wear masks in public areas at all times. Due to the highly contagious nature of the COVID-19 virus, Bella Vista Estate cannot guarantee that you or other guests will not become infected with COVID-19. Furthermore, you and any guests are individually responsible for adhering to all restrictions and recommendations provided by federal, state, and local governments and state health agencies including social distancing and wearing masks to prevent the spread of COVID-19.

By signing this statement, I, the wedding guest, have read, understand and agree to the conditions contained herein and voluntarily agree to assume all risks and accept sole responsibility for any injury to myself or guests including, but not limited to: illness, personal injury, permanent disability, death, damages, loss, claim, liability, or expense of any kind, that myself or Lodging/Event Guests experience or incurred in connection with Bella Vista Estate. I understand the risk of becoming exposed to or infected by COVID-19 at Bella Vista Estate. I hereby release, covenant not to sue, discharge, and hold harmless Bella Vista Estate, its employees, agents, and representatives, of and from any and all claims. I understand and agree that this release includes claims that may result from the actions, omissions, or negligence of myself and others, including but not limited to Lodging/Event Guests and Bella Vista Estate Employees.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_