



Duet Liability Waiver 2021

As a condition of participating in Duet: Partners In Health & Aging activities, I, _____
acknowledge and agree to the following:

1. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while participating in Duet: Partners In Health & Aging activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
2. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in Duet: Partners In Health & Aging activities, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Duet: Partners In Health & Aging respective employees, agents, representatives, volunteers, and program participants.
3. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself caused by or associated in any way with the foregoing risks (including, but not limited to, personal injury, disability, and death), physical or mental illness, damage, loss, claim, liability, or expense, of any kind, that I experience or incur in connection with my participation in Duet's activities ("Claims").
4. I hereby release, covenant not to sue, discharge, indemnify and hold harmless Duet: Partners In Health & Aging respective employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating in any way thereto.
5. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Duet: Partners In Health & Aging, and their respective employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation in the activity.
6. I acknowledge and agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Arizona, and that if any portion of this waiver is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also acknowledge and agree that this waiver shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____ **DATE:** _____