

Attachment "A"

COVID-19 DISCLOSURE WAIVER AND RELEASE

In addition to the foregoing Waiver and Release of Liability, I confirm and represent that I am aware that the 2019 novel coronavirus disease (COVID-19) and its variants (collectively, the "**Disease**") are highly contagious and of the risk that I may be exposed to or contract the Disease by participating as a student or faculty member of the affiliate school (the "Affiliate Participant") for purposes of practical learning, clinical experiences and educational development at the Baltimore City Fire Department (the "Facility"). I understand and acknowledge that the risk is higher for senior citizens, persons with underlying medical conditions, and individuals who have not been vaccinated. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, or death. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including City employees, and that persons I encounter as an Affiliate Participant may or may not be wearing face coverings. I understand that while the City has implemented preventative measures designed to reduce the spread of the Disease, the City cannot guarantee that I will not become infected with the Disease while participating as an Affiliate Participant and that my participation may increase my risk of contracting the Disease. **NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, I ACKNOWLEDGE THAT I AM VOLUNTARILY AGREEING TO PARTICIPATE AS AN AFFILIATE PARTICIPANT WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, OR DEATH RELATED TO THE DISEASE, ARISING FROM MY SO AGREEING TO PARTICIPATE, WHETHER CAUSED BY THE NEGLIGENCE OF THE CITY OR OTHERWISE.**

I hereby expressly waive and release any and all claims, now known or hereafter known, against the City, its departments, officials, employees, agents and volunteers (collectively, "**Releasees**"), on account of injury, illness, disability, or death arising out of or attributable to my participating as an Affiliate Participant and being exposed to or contracting the Disease, whether arising out of the negligence of the City or any Releasees or otherwise. I shall not make or bring any such claim against the City or any other Releasee, and forever release and discharge the City and all other Releasees from liability under such claims. I understand that by signing this Release, I am waiving any and all claims of any kind arising out of or attributable to my participating as an Affiliate Participant and being exposed to or contracting the Disease, including those claims that may be unknown to me, or which I do not suspect to exist at this time.

I will comply with all orders, directives, and guidelines of the Centers for Disease Control and Prevention ("CDC"), State of Maryland, and City while participating as an observer on the emergency medical services unit, including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CITY AND OTHER RELEASEES.

FOR ADULT (AFFILIATE PARTICIPANT):

Signature

Date

Name (Printed)

FOR MINOR (IF APPLICABLE):

Signature of Parent / Legal Guardian

Date

Name of Parent / Legal Guardian (Printed)

Name(s) of the Minor(s):
