

# COVID-19 Event Liability Release Form

Full Name

Your full name

Contact Number

Your phone number

Email Address

your@email.com

Event Name

Event you are attending

Event Date

## Release of Liability

By signing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending this event. I agree that the organizers and venue assume no responsibility for any illness or complications arising from exposure to COVID-19.

I also certify that, to the best of my knowledge, I am not currently experiencing symptoms of COVID-19 (such as fever, cough, or shortness of breath) and have not been diagnosed with or knowingly exposed to anyone with COVID-19 in the past 14 days.

I agree to follow all event and venue rules regarding mask use, hygiene, and social distancing.

Signature

Sign here

Date

## Important Notes

- This document does not guarantee complete legal protection and may not be valid in all jurisdictions.
- Always consult with a legal professional to tailor the release form to your specific event and local laws.
- Collect and store signed forms securely and ensure privacy of personal data.
- Clearly communicate all health and safety protocols to event attendees before and during the event.