
COVID-19 and Other Infectious Diseases LIABILITY WAIVER & Release

While participating in any event held or sponsored by the Sickle Cell Community Consortium, including 2026 Sickle Cell Community Consortium events and activities, participants are encouraged to practice proper hand hygiene, social distancing when appropriate, and any other recommended safety measures consistent with CDC and local public health guidance. Because COVID-19 and other infectious diseases may spread from person to person, the Sickle Cell Community Consortium has implemented reasonable preventative measures to help reduce the risk of exposure. However, the Sickle Cell Community Consortium cannot guarantee that participants, volunteers, partners, sponsors, staff, or other attendees will not become infected.

Duty to Self-Monitor

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 or other infectious illness, including but not limited to fever, cough, shortness of breath, sore throat, or other related symptoms. If a participant begins experiencing symptoms while attending the event, they agree to immediately notify Doris Bailey at finance@sicklecellconsortium.org and discontinue in-person participation as appropriate.

Liability Waiver and Release of Claims

I acknowledge that I derive personal satisfaction and benefit from participating in activities hosted or sponsored by the Sickle Cell Community Consortium, including 2026 Sickle Cell Community Consortium events and activities, collectively referred to in this Release as the “Activity.”

I understand and agree that my participation in the Activity is voluntary.

Release and Waiver

I hereby release, waive, and forever discharge any and all liability, claims, and demands of whatever kind or nature against the Sickie Cell Community Consortium and its affiliated partners and sponsors, including, without limitation, their directors, officers, employees, volunteers, agents, affiliates, members, successors, and assigns, collectively referred to as the “Released Parties,” to the fullest extent permitted by law.

I acknowledge and agree to the following:

1. Risk of Exposure and Illness

I understand the highly contagious nature of viral illnesses, including COVID-19 and other infectious diseases, collectively referred to as the “Disease,” and acknowledge the risk that I may be exposed to or contract the Disease as a result of participating in the Activity. I understand that exposure to the Disease may result in serious illness, personal injury, disability, death, and/or property damage.

I further understand that while the Sickie Cell Community Consortium has implemented measures intended to reduce the risk of injury and the spread of Disease, it cannot guarantee that I will not become infected or otherwise injured as a result of my participation in the Activity.

2. Voluntary Assumption of Risk

Notwithstanding these risks, I acknowledge that I am voluntarily participating in the Activity with full knowledge of the potential dangers involved. I knowingly and freely assume all risks of injury, illness, disability, death, and/or property damage arising out of or related to my participation in the Activity, whether caused by the ordinary negligence of the Sickie Cell Community Consortium or otherwise, to the fullest extent permitted by law.

3. Waiver and Release of Claims

I hereby expressly waive and release any and all claims, whether now known or hereafter known, against the Sickle Cell Community Consortium and the Released Parties arising out of or attributable to my participation in the Activity, including but not limited to claims for injury, illness, disability, death, or property damage, whether arising out of the ordinary negligence of the Sickle Cell Community Consortium or otherwise.

I covenant not to make or bring any such claim against the Sickle Cell Community Consortium or any of the Released Parties, and I forever release and discharge them from liability under such claims.

This waiver and release does not apply to claims arising from gross negligence, willful misconduct, or any other liability that cannot be waived under applicable Georgia law.

4. Health Confirmation and Compliance

I confirm that, to the best of my knowledge, I am not experiencing symptoms of COVID-19 or another contagious illness, including cough, shortness of breath, fever, or similar symptoms, and that I do not have a confirmed or suspected case of such illness at the time of participation.

I agree to comply with all applicable federal, state, and local laws, orders, directives, and guidelines related to the Activity and public health safety, including any requirements related to quarantine, self-isolation, hand sanitation, social distancing, face coverings, or other safety measures, if applicable.

I also agree to follow all instructions, recommendations, and cautions provided by the Sickle Cell Community Consortium during the Activity. If at any time I believe conditions are unsafe, I am no longer physically able to participate, or I begin experiencing symptoms of illness, I will immediately discontinue participation and, if necessary, leave the event.

5. Indemnification

I agree to defend, indemnify, and hold harmless the Sickie Cell Community Consortium and all Released Parties from and against any and all losses, damages, liabilities, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of any kind, including reasonable attorney's fees, arising out of or resulting from any third-party claim related to my participation in the Activity, including claims arising from my own negligence, to the fullest extent permitted by law.

6. Consent to Medical Treatment

I consent to receive medical treatment deemed necessary if I am injured or require medical attention during my participation in the Activity. I understand and agree that I am solely responsible for all costs related to such medical treatment, including transportation and/or evacuation if needed. I hereby release and hold harmless the Sickie Cell Community Consortium and the Released Parties from any claim arising out of such treatment or related medical services.

7. Governing Law and General Terms

This Release constitutes the sole and entire agreement between me and the Sickie Cell Community Consortium with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, whether written or oral, relating to this subject matter.

If any provision of this Release is held to be invalid, illegal, or unenforceable, the remaining provisions shall remain in full force and effect.

This Release shall be governed by and construed in accordance with the laws of the State of Georgia, without regard to its conflict of law principles. Any claim or cause of action arising under this Release shall be brought exclusively in the state or federal courts located in Fulton County, Georgia, and I consent to the jurisdiction of such courts.

Acknowledgment

By agreeing to this Release, I acknowledge that I have carefully read and understood its contents, that I fully understand its legal effect, and that I am voluntarily giving up substantial legal rights, including the right to sue the Sickle Cell Community Consortium and the Released Parties, to the fullest extent permitted by law.

Participant Full Name: _____

Signature: _____

Date: _____