

# COVID-19 Liability Release Waiver

**\*\*Signature Required Prior to Entry\*\***

Due to the Coronavirus (COVID-19), The Baltimore Station is taking precautions with the care of every volunteer to include health history review and sanitation/disinfection procedures.

Symptoms of COVID-19 include:

- Fever or chills
- Fatigue
- Cough
- Shortness of breath or difficulty breathing
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore Throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I have been successfully and fully vaccinated for COVID-19.
- I understand that The Baltimore Station cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each volunteer.

By signing below, I agree to each statement above and release The Baltimore Station from any and all liability for the unintentional exposure or harm due to COVID-19.

Group Name

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Printed Name

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Signature

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Date 

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