



WAIVER OF CLAIMS and LIABILITY RELATED TO CORONAVIRUS AND AGREEMENT

I know that skydiving is a close contact sport that may heighten the risk of exposure to Coronavirus. I know that I could be exposed to Coronavirus at Skydive Sebastian and could become ill after such exposure. I agree that Skydive Sebastian has taken reasonable precautions to prevent my exposure to coronavirus and that no amount of care or caution by Skydive Sebastian can eliminate the risk that I am exposed to Coronavirus or develop illness. I agree that there is no way to determine within any degree of legal certainty the source of any infection, let alone whether the result was of my participation in activities at Skydive Sebastian. I waive any claim I may make that Skydive Sebastian caused any illness I may develop. I voluntarily agree of my own free will to be at Skydive Sebastian and participate in activities at Skydive Sebastian. I assume any risk of infection and covenant not to sue, release, acquit, and forever discharge Skydive Sebastian of any and all demands, claims, and causes of action of any kind whatsoever, at common law, statutory or otherwise, known and unknown, foreseen and unforeseen, which I now have or which may hereafter accrue, for attorney's fees, costs, expenses, damages, settlements, awards, verdicts or losses related to, in connection with any illness (Coronavirus or otherwise), arising out of, or directly or indirectly attributable to my participation in activities at Skydive Sebastian. I have been admonished by Skydive Sebastian not to participate if I have any preexisting conditions or other health issues or concerns that may cause me to be at greater risk of infection and/or serious complications should I contract coronavirus or any other illness due to my participation in activities of this nature due to reduced social distancing or otherwise.

Signed: _____
Name: _____
Date of Birth: _____
Date: _____

QUESTIONNAIRE

Do you have the coronavirus? YES _____ No _____
Have you had or been exposed to the virus in the last 14 days? YES _____ No _____
Have you travelled outside the US in the last 14 days? YES _____ No _____
Do you have any of the following symptoms? YES _____ No _____
Coughing YES _____ No _____
Sneezing YES _____ No _____
Fever > 100 F YES _____ No _____
Shortness of Breath YES _____ No _____

Signature: _____