

# Assumption of Risk and Waiver of Liability Agreement

*Sports Leisure Vacations* has put into place preventative measures to reduce the spread of COVID-19 including, but not limited to, lowering passenger loads, implementing social distancing, and establishing hygiene and sanitization procedures for the health, safety and welfare of our travelers, staff and suppliers.

By joining this tour you voluntarily assume all risks associated with exposure to COVID-19 and agree to abide by *Sports Leisure Vacations*' protocols stated on the reverse of this page to reduce the spread of the virus, as well as those established by any and all governmental agencies with jurisdiction over the area(s) you will visit. *Sports Leisure Vacations* reserves the right to remove you from the tour if you fail to abide by any law, regulation, protocol or policy with regard to reducing the spread of COVID-19 without refund.

By signing below you know and understand the contagious nature of COVID-19 and voluntarily assume risks associated with exposure by virtue of your presence on this tour. You understand exposure to COVID-19 may cause personal injury, illness, permanent disability and/or death. You further understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions or negligence of yourself and others, including, but not limited to *Sports Leisure Vacations*' staff, suppliers, your fellow travelers and/or their families.

**By signing this Agreement I attest that I have read, understand and agree to its terms. I do hereby assume all risks associated with potential exposure to COVID-19 and accept sole responsibility for any injury to myself, my family or anyone living with me for personal injury, illness, disability or death. On behalf of myself, my family or anyone living with me I do hereby release, discharge, covenant not to sue, and hold harmless *Sports Leisure Vacations*, its owner, staff, suppliers and my fellow travelers from any claims, actions, damages or expenses associated with the risks of exposure or contraction of COVID-19.**

Tour Name and Date: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(One form per couple is acceptable, however two signatures are required.)