

**Covid-19 Liability Release Waiver
(One per attendee)**

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. COVID-19 is highly contagious. The state of medical knowledge is evolving, but the virus is believed to transmit through person-to-person contact, contact with contaminated surfaces and objects, and the air. The disease can be spread by people who may be infected even though they may show no symptoms. The exact methods of spread and contraction are unknown. COVID-19 can cause serious and potentially life-threatening illness and death. Even with social distancing, mask-wearing and development of vaccines, new and emerging variants of COVID-19 may increase risk of transmission and/or mortality.

Vedanta Cultural Foundation, U.S.A., Inc. (“**VCF**”), a New York non-profit corporation, organizes and holds various lectures, lecture series, talks, seminars, gatherings, and retreats (hereinafter, each individually referred to as an “**Event**” and collectively as “**Events**”), at community centres, personal residences, offices, resorts/facilities (with or without overnight stay) and other venues (hereinafter each individually referred to as a “**Venue**” and collectively as the “**Venues**”).

In consideration of my participation in the Event/Events, the undersigned acknowledges and agrees to each of the following: *(please acknowledge your conformance with each item by placing your initials)*

(1) _____ I am aware of the existence of the risk of my physical appearance at the Venue and that my participation or presence at the Event may cause risk of injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to serious health consequences including paralysis or death.

(2) _____ I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibited any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

(3) _____ I have not, nor has any member(s) of my household, traveled by sea or by air, internationally within the past 14 days. Alternatively, my COVID PCR test done after 3-5 days from the return of travel is negative, as shown on the enclosed results.

(4) _____ I did not, nor has any member of my household, visited any area within the United States that has been on my state’s ([NY](#) or [NJ](#)) COVID-19 related mandatory self-quarantine requirements, in the last 14 days.

(5) _____ I have not been, nor has any member(s) of my household, been diagnosed or been infected with the COVID-19 virus within the last 14 days.

(6) _____ I agree to self-enforce precautionary 14-day protocols (i.e., affirmations) outlined in (2)-(5) above on an ongoing basis prior to attending recurring VCF Events.

(7) _____ I have completed my federally approved COVID-19 vaccinations within the past 12-months, and it has been more than 2 weeks since my last vaccine dose. A copy of the CDC vaccine card is enclosed.

Following the pronouncements above I hereby declare the following:

_____ I am fully and personally responsible for my own safety and actions while and during my participation in the Event/Events and I recognize that I may be at risk of contracting COVID-19 or any such communicable disease.

_____ With full knowledge of the risks involved, I hereby release, waive, discharge VCF, together with its parents, subsidiaries, affiliates, related organizations, respective centres, directors, officers, employees, representatives, agents, and members (collectively the “**VCF Representatives**”) from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any Event while in, on, or around a Venue or while using the Venue that may lead to unintentional exposure or harm due to COVID-19 or any such communicable disease.

_____ I agree to indemnify, defend, and hold harmless VCF and VCF Representatives from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to injury, loss, or death from or related to COVID-19 or any such communicable disease.

_____ By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent (and in case I am not 18 years of age, my below identified parent/legal guardian is co-signing this Liability Release Waiver and consenting on my behalf to execute this undertaking, thereby acknowledging my undertakings hereunder); that I have been sufficiently informed of the risks involved and give my voluntary consent and am signing this release as my own free act and deed with full intention to be bound by the same, free from any inducement or representation. This waiver will remain effective until the laws and mandates relevant to COVID-19 and any other similar communicable disease are lifted.

Agreed by:

Name: _____

Date: _____

Signature: _____

In case of minors (under 18 years of age)

Parent/Legal Guardian Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____