Waiver of Liability Relating to Coronavirus/COVID-19

The Church Music Association of America (CMAA), Vallombrosa Retreat Center, the Archdiocese of San Francisco, and St. Patrick's Seminary cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while attending CMAA events at the Vallombrosa Retreat Center or St. Patrick's Seminary premises (Fall workshop premises). It is not possible to prevent against the presence of the disease. Therefore, if you choose to participate in CMAA programs and/or enter onto the premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning **COVID-19**. I hereby choose to accept the risk of contracting COVID-19 for myself in order to take part in the CMAA's programs and enter the Fall workshop premises. This program is of such value to me that I accept the risk of being exposed to, contracting and/or spreading COVID-19 in order to participate in the CMAA's program in person at Fall workshop premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the CMAA, Vallombrosa Retreat Center, St. Patrick's Seminary, the Archdiocese of San Francisco, their officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participation in CMAA programs on their premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease, or property losses, or any other loss, including, but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Tennessee will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

| Signature: | Date: | |
|--|--|--------|
| Name (printed): | | |
| I am the parent or legal guardian of the signing below, I hereby do consent to the | minor named above. I have the legal right to consent to an ne terms and conditions of this Release. | ıd, by |
| Signature: | Date: | |
| Name (printed): | | |