

Decatur Glassblowing 404.849.0301 natenardi@yahoo.com 250 Freeman Street, Decatur, Georgia 30030

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Symptoms of COVID-19 may include but are not limited to; fever, fatigue, dry cough, loss of taste or smell, and difficulty breathing. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing.

I understand the above symptoms and affirm that I, as well as a	Il household members:
 □ Do not have nor have experienced the symptoms within the □ Have not been diagnosed with COVID-19 within the past 30 □ Have not knowingly been exposed to anyone diagnosed with 30 days. □ Have not traveled outside of the country, or to any city consi COVID-19 infections within the past 30 days. □ Have not traveled outside of Georgia in the last two weeks. □ Have not been asked to self-isolate or quarantine by a medic two weeks. 	days. COVID-19 within the past idered to be a "hot spot" for
Decatur Glassblowing, LLC ("DG") has put in place preventative in limited to: requiring all persons to wear a mask and keep a distance of the distance of the properties of the building, sanitizing between each use, limiting the number of participants in classes are reduce the spread of COVID-19; however, DG cannot guarantee that with COVID-19. Further, attending DG could increase your risk of contractions of the properties	ce of 6 feet when possible, tools and shared equipment and persons in the gallery) to you will not become infected
By signing this agreement, I acknowledge the contagious nature of assume the risk that I may be exposed to or infected by COVID-19 by exposure or infection may result in personal injury, illness, permane understand that the risk of becoming exposed to or infected by COVI the actions, omissions, or negligence of myself and others, include employees, customers, class participants and their families.	attending DG and that such ent disability, and/or death. I ID-19 at DG may result from
I voluntarily agree to assume all of the foregoing risks and accept sole to myself (including, but not limited to, personal injury, disability, and d claim, liability, or expense, of any kind, that I may experience or i attendance at DG ("Claims"). On my behalf, I hereby release, covena hold harmless DG, its employees, agents, and representatives, of an all liabilities, claims, actions, damages, costs or expenses of any ki thereto. I understand and agree that this release includes any Claomissions, or negligence of DG, its employees, agents, and representation occurs before, during, or after attending DG.	leath), illness, damage, loss, neur in connection with my nt not to sue, discharge, and d from the Claims, including and arising out of or relating aims based on the actions,
Signature	Date
Printed Name	-