**SIR EVENT WAIVER AND RELEASE OF**

**LIABILITY FOR EXPOSURE TO COVID-19**

**Branch Name and Number: TRI-Valley SIR Branch 34**

Due to the Covid-19 pandemic and the general unavailability of insurance to cover liability

related to that matter, the SIR branch listed above (“Branch”) is requiring members, visiting SIR

members from other branches, guest speakers, guests, and spouses/significant others

attending events sponsored by the Branch or by Sons in Retirement, Incorporated (“State Sir”)

to agree to the following:

1. In attending activities sponsored by the Branch or State SIR, the undersigned agrees to

comply with mask, social distancing, and other Covid-19 protocols required by applicable

government bodies, the Branch, State SIR, and the applicable venue. Failure to do so will

result in the attendee being asked to leave the event.

2. Regardless of adherence to mandated protocols, requirements, recommendations, and

vaccinations, the undersigned acknowledges that there is a risk of Covid-19 exposure

whenever an individual enters a public space, a building with other people, or a group of

other individuals.

3 Knowing the foregoing risk, the undersigned assumes the risk of Covid-19 exposure and

accepts sole responsibility for any exposure to Covid-19 and resulting health conditions that

may occur due to attendance at a Branch or State SIR event.

4. The undersigned hereby releases and holds harmless the Branch, State SIR, and their

respective officers, directors, and members from any and all responsibility for illness, death,

or other losses arising from exposure to Covid-19 at a Branch or State SIR event.

**THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE WAIVER AND**

**RELEASE, UNDERSTANDS THE RISKS POSED BY COVID-19, AND SIGNS THE WAIVER**

**AND RELEASE VOLUNTARILY.**

Attendee’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_