



COVID-19 WAIVER AND INDEMNIFICATION

COVID-19 is a new strain of respiratory disease, the first cases of which were recently identified in humans. COVID-19 can result in serious illness or death and can be easily spread from person to person. COVID-19 was declared a worldwide pandemic by the World Health Organization. As a result, both the federal government and the State of Ohio recommend social distancing and prohibit the congregation of groups of people.

While measures are being taken to reduce the spread of COVID-19, the Ohio Department of Public Safety, including its members, employees, officers and / or agents furnishing services, equipment, and / or curricula cannot guarantee that you will not become infected with COVID-19. Further, personal interaction with the Ohio Department of Public Safety, including its members, employees, officers and / or agents ("Personal Interaction") could increase your risk of contracting COVID-19.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Chills
- Muscle pain
- New loss of taste or smell

I have reviewed the above symptoms and agree not to engage in personal interaction with the Ohio Department of Public Safety, including its members, employees, officers and / or agents if the following conditions exist:

- (A) I or any member of my household:
 - (1) Currently have the above symptoms; or
 - (2) Have experienced the above symptoms **WITHIN THE LAST 14 DAYS.**
- (B) I or any member of my household have been diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**
- (C) I or any member of my household have knowingly been exposed to anyone diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**
- (D) I or any member of my household have traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections **WITHIN THE PAST 30 DAYS.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and, on behalf of myself, my personal representatives and my heirs, hereby assume all risks and all responsibility, and agree to release the Ohio Department of Public Safety, including its members, employees, officers and / or agents for any illness, injury or death that may occur, including those caused solely or in part by the negligence of the Ohio Department of Public Safety, including its members, employees, officers and / or agents, or any other person, including myself, as well as any costs, judgments or settlements which may be brought or entered against them as a result of my Personal Interaction.

I agree and understand that, on behalf of myself, my personal representatives and my heirs, I am relinquishing any and all rights I now have or may have in the future to sue the Ohio Department of Public Safety, including its members, employees, officers and / or agents for any and all illness, injury or death I may suffer arising from my Personal Interaction, including claims based on negligence, others' negligence, or the negligence of the Ohio Department of Public Safety, including its members, employees, officers and / or agents.

On behalf of myself, my personal representatives and my heirs, agree to hold harmless, defend, and indemnify the Ohio Department of Public Safety, including its members, employees, officers and / or agents from all claims, suits, or causes of action by others for serious illness, injury or death which may arise out of my Personal Interaction, including claims arising from the negligence of the Ohio Department of Public Safety, including its members, employees, officers and / or agents.

I HAVE READ THIS RELEASE AGREEMENT AND INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND BY SIGNING I AGREE IT IS MY INTENTION TO ACCEPT LEGAL RESPONSIBILITY AND PAY FOR ANY LOSS FOR CLAIMS OR LAWSUITS AGAINST THE OHIO DEPARTMENT OF PUBLIC SAFETY, INCLUDING ITS MEMBERS, EMPLOYEES, OFFICERS AND / OR AGENTS, ARISING FROM MY PERSONAL INTERACTION. I have had the opportunity to ask any questions about the indemnification and hold harmless clauses and I understand its terms and meaning.

NAME (PLEASE PRINT)	SIGNATURE X	DATE
NAME OF WITNESS (PLEASE PRINT)	SIGNATURE OF WITNESS X	DATE

If you are 15½ - 17 years old, you and your parent or legal guardian must either sign this section in the presence of the course instructor – OR in the presence of a Notary Public prior to class.

PARENT OR LEGAL GUARDIAN SIGNATURE X	RELATIONSHIP	<input type="checkbox"/> Checked Parent/Guardian ID
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Notary:
 Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,
 State of _____.
 (Notary Seal)
 Signature of Notary Public **X** _____ My commission expires _____