



Waiver and Release of Liability for Communicable Disease

WSAE is committed to providing a healthy, safe, productive, and welcoming environment for all. All participants are required to complete the following form to participate in the Spring Forward in-person program.

CONSENT FORM

WSAE has taken preventative measures to reduce the spread of communicable disease including, but not limited to COVID-19 at the Spring Forward event.

All event participants are required to abide by all applicable COVID-19-related requirements, advisories, policies, procedures, and protocols of WSAE, the Grand Geneva Resort and Spa as well as the [World Health Organization](#) (WHO), and the [Centers for Disease Control and Prevention](#) (CDC) and state of Wisconsin, and any other governmental authority for the duration of their stay.

Any person disclosing or exhibiting symptoms of COVID-19, or knowingly exposed to the disease, will be refused admittance to Spring Forward. Any person refusing to comply with required safety protocols will also be asked to leave the event.

COVID-19 is spread from person-to-person contact. People reportedly can spread the disease without showing symptoms. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

I understand that by attending Spring Forward I may be exposing myself to or increasing my risk of contracting or spreading COVID-19, despite WSAE's safety precautions. I also understand that such exposure or infection may result in quarantine requirements.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. In exchange for being allowed to participate in Spring Forward, I hereby choose to accept the risk of contracting COVID-19 for myself or my family.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to sue WSAE and its officers, directors, contractors, representatives, agents, employees, sponsors, or other representatives and any owners and lessors of premises used to conduct the Spring Forward event in connection with exposure, infection, and/or spread of COVID-19 related to my participation. 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, based upon claims of negligence.

Please confirm your acceptance of the Waiver and Release of Liability for Communicable Disease. This is a mandatory requirement and must be completed prior to start of Spring Forward. Anyone failing to do so will not be permitted to attend or participate.

Print Name: _____

Signature: _____

Date: _____

PLEASE SIGN AND RETURN THIS FORM TO Chris Caple at ccaple@WSAE.org.