

Western Safari Waiver of Liability for COVID-19

First and Last Name:.....

Western Safari cannot guarantee that you will not become infected with COVID-19. In fact, traveling on a Western Safari trip and participating in its activities could increase your risk of contracting COVID-19 or similar communicable disease.

I, the undersigned, represent that (a) I am over the age of 18 years; (b) I am either the parent or legal guardian of the minor child/ward identified above; (c) I am competent to execute, and have the authority to execute, this Waiver of Liability (“Waiver”) on behalf of myself and my child; and (d) I have executed this Waiver freely and voluntarily after having read it carefully and having understood its terms.

I acknowledge that Western Safari requires all students and chaperones to be fully vaccinated by 18 May 2023. I will have proof of my COVID-19 vaccine available while on the Trip.

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Initials of Student

COVID-19 REPRESENTATIONS

I represent and warrant that I will not participate on Western Safari that of the start of the trip (a) I have contracted and not completely recovered from COVID-19 or another communicable disease; (b) I have been exposed within the prior two weeks to someone who had contracted or was subsequently determined to have contracted, COVID-19 or another communicable disease; (c) I have been tested for COVID-19 or another communicable disease but not yet received the results of such test; or (d) I have symptoms consistent with having contracted COVID-19 or another communicable disease. I also represent and warrant that, during the course of the Trip, I will comply with all applicable local laws or regulations and guidelines regarding COVID-19 and any other communicable disease, which may include verification of vaccination, wearing masks, daily symptoms check, temperature checks, and/or COVID-19 testing.

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Initials of Student

By signing this agreement, I acknowledge the contagious nature of COVID-19 or similar communicable disease and voluntarily assume the risk that I may be exposed to or infected by COVID-19 or similar communicable disease by participating on Western Safari and that such infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming infected by COVID-19 or similar communicable disease on Western Safari may result from the actions, omissions, or negligence of myself and others. I understand that complete knowledge of the risk factors of contracting COVID-19 or similar communicable disease is not complete and that having considered these risks, I

First and Last Name:

desire to participate on Western Safari, and I freely and voluntarily assume complete personal responsibility for the risk of exposure, illness, and death due to COVID-19 or similar communicable disease, even if such injuries or death occur in a manner that is not foreseeable at the time of this agreement signed.

In the event that I contract COVID-19 or similar communicable disease while on Western Safari, I assume all financial responsibility for medical visits, hotel rooms and meals for myself and a staff member during my mandated quarantine.

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Initials of Student

I understand that if I cannot attend my Trip due to testing positive for COVID-19 before the Trip begins, my reimbursement will be up to the discretion of Western Safari.

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Initials of Student

If the Trip I signed up for with Western Safari is cancelled due to the US government, trip destination state government and/or CDC mandating a shutdown to slow the spread of COVID-19 or similar communicable disease, I understand that Western Safari, Inc has up to two (2) months to issue my reimbursement of 90% of the total amount paid to the date of cancellation.

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Initials of Student

Student

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Signature Date

Natural Parent

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Signature Date