

Waiver of Liability Temiskaming Shores & Area Chamber of Commerce Rapid Antigen Screening Kit Program

In consideration of being permitted to participate in any way in the Rapid Antigen Screening Kit Program, I do hereby release, waive, discharge, and covenant not to hold the Temiskaming Shores & Area Chamber of Commerce liable from any and all claims resulting in personal injury, accidents, or illness arising from, but not limited to, participating in the Rapid Antigen Screening Kit program.

I also agree to indemnify and hold the Temiskaming Shores & Area Chamber of Commerce, their officers, employees, volunteers and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including fees brought as a result of my involvement in the Rapid Antigen Screening Kit program.

I have read this waiver of liability, assumption of risk, and indemnity agreement and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability.

Print Name

Signature

Date