

WAIVER OF LIABILITY AND RELEASE

I hereby release and agree to hold Alpha Kappa Alpha Sorority, Incorporated harmless from and waive any and all causes of action, claims, demands, damages, costs, expenses and compensation for illness or death arising out of exposure to COVID-19 that may be caused by any act or failure to act during my participation in this event or activity on behalf of myself, my heirs, and any personal representatives. I understand that this Waiver discharges Alpha Kappa Alpha Sorority, Incorporated, its employees or representatives from any liability or claim that I, my heirs, or any personal representatives may have against the sorority arising out of exposure to COVID-19. The Waiver of Liability and Release extends to members of the Board of Directors, employees, and participating members of Alpha Kappa Alpha Sorority, Incorporated.

By initialing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in this activity or event or other Alpha Kappa Alpha Sorority, Incorporated activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. **Initial:** _____

Attestation

By voluntarily initialing and affixing my initials and signature to this **Waiver of Liability and Release**, I attest that I have read and fully understand this statement in its entirety and that my participation in this event is strictly voluntary and not under threats, duress or coercion by anyone.

Participant's Signature

Date