



COVID-19 WAIVER

SPECIAL COVID-19 WAIVER, RELEASE, AND ASSUMPTION OF RISK

Background: The US Center for Disease Control and Prevention has issued an alert for France due to COVID-19 indicating a high level of COVID-19 in France. Older adults and people with chronic or compromised medical conditions may want to postpone nonessential travel to France. Anyone traveling to France should exercise increased caution due to terrorism and civil unrest.

Risks: In addition to the health-related risks of contracting COVID-19, including death, additional risks should be considered:

Quarantine: If you contract or come into contact with someone who has contracted coronavirus, you will be placed in isolation for 10 or more days in France or upon return to the United States. If you contract COVID-19 in France, you will be responsible for the cost of your care and extended stay.

Return to the United States: All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States. If you do not have a current negative COVID-19 test result or required documentation, you will not be allowed to board the return flight, and you will incur additional costs.

Waiver, Informed Consent, Assumption of Risk and Covenant Not to Sue

- I understand the increased risk of traveling to France at this time, and I assume this risk without coercion.
- I understand that as a result of my decision to travel to France I could suffer illness or death, or may be quarantined for an extended period of time, personally incurring additional costs and expenses.
- I do here and forever release and discharge and hereby hold harmless OUR LADY OF LOURDES HOSPITALITY NORTH AMERICAN VOLUNTEERS and its respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my travel to France.
- I acknowledge and agree that no warranties or representations have been made to me regarding my travel to France.

I ACCEPT THE RISK OF TRAVEL TO FRANCE. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.

BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST OUR LADY OF LOURDES HOSPITALITY NORTH AMERICAN VOLUNTEERS FOR MY DECISION TO TRAVEL TO FRANCE.

Applicant Name Printed _____ Date _____

Applicant Signature _____

Co-signature of parent/custodial guardian required for applicants with guardianship or conservatorship and youth less than 18 years old:

Parent/Guardian Name Printed

Signature of Parent/Guardian

Date

Please print clearly, sign and return to:

Our Lady of Lourdes Hospitality North American Volunteers, 107 Michaels Ave Syracuse, NY 13208, email to Courtney@LourdesVolunteers.org or fax to (315) 362-1404.