COVID-19 Waiver of Claims

I understand that in the current environment, and for the foreseeable future, traveling and congregating with players from around the country involves a risk of catching the COVID virus (which includes COVID-19 and variants). I also understand that masks, social distancing, vaccinations, and other precautions can reduce my risk of contracting COVID but cannot eliminate it.

I have been advised that the United States Bridge Federation ("USBF") cannot guarantee that playing conditions at the United States Bridge Championships (the "Trials") will be safe from a COVID perspective. USBF may voluntarily implement measures intended to reduce the risk of infectious diseases spreading at the USBC, but I understand that USBF has not assumed any responsibility for protecting me from COVID or other infectious diseases or illnesses, nor any responsibility for enforcing COVID-related laws or orders such as mask mandates.

Fully understanding the risks, I have freely and voluntarily elected to play in the Trials, and **I fully assume all risks** of such participation.

Therefore, to the maximum extent permitted by law, **I waive and release all claims** or potential claims of any kind against any and all Released Parties (defined below) that arise out of or relate in any way to contracting any illness or infectious disease, including but not limited to COVID, due to traveling to/from or participating in the Trials. By way of illustration, this waiver includes, but is not limited to, claims for negligence, claims for not enforcing compliance with mask mandates, tort claims and contract claims (express, implied, or quasi-contractual), and claims for damages, personal injury, illness or death.

"Released Parties" means the USBF; its board members, officers, agents, and employees; and the directors and other staff who run the Trials.

This waiver will extend from the date it is signed to December 31, 2027.

_____ _____

Name (print) Date

_____

Signature

_____ _____

Parent's Name if player is a minor (print) Date

_____

Signature