

Lancaster School of Psychodrama and Experiential Psychotherapies

Covid-19 Waiver for in-person events

To participate in this in-person event with the Lancaster School of Psychodrama and Experiential Psychotherapies, you must acknowledge and accept the following statements. (Please initial.)

___ I acknowledge the contagious nature of Coronavirus/Covid-19 variants and that the Centers for Disease Control officials still recommend certain practices (such as masking for certain populations, avoiding large indoor gatherings and practicing physical distancing when possible) that may vary or change, depending on present circumstances.

___ I acknowledge that Lancaster School of Psychodrama and Experiential Psychotherapies cannot guarantee that I will not become infected with the Coronavirus/Covid-19 variants. I understand the risk of becoming exposed to and/or infected by the Coronavirus/Covid-19 variants may result from the actions, omissions, or negligence of myself or others, including the trainer(s) and other event participants.

___ I voluntarily participate in this in-person event and acknowledge that I must comply with all set procedures to reduce the spread while participating in this event, including any breaks or meals.

I attest to the following:

- I am currently not experiencing any Covid-like symptoms of illness, such as new symptoms of shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat or loss of taste or smell.
- As far as I know, I have not been exposed to a person or people diagnosed with the Coronavirus/Covid-19 variants in the last 14 days.
- I am following the guidelines for public health actions and limiting my exposure to the Coronavirus/Covid-19 variants.
- I release Karen Carnabucci, the Lancaster School of Psychodrama and Experiential Psychotherapies and any co-trainers harmless from any damages caused by any act or failure to act on the part of the school or its principal, employees, contractors or associates.
- I understand this release discharges the Lancaster School of Psychodrama and Experiential Psychotherapies from any liability or claim I may have with respect to any bodily injury, illness, death or medial treatment that may arises from, or in connection with, this training event.

Name (printed) and signature and date

Witness and date

Printed name of witness