



Statement of Understanding and Assumption of Risk - Clients

Colorado Mountain School ("CMS") is actively monitoring the COVID-19 pandemic including information and recommendations from the national and state Centers for Disease Control and Prevention. The health and safety of our clients and staff is a top priority and CMS is working diligently with our local public health authorities and our medical advisor to ensure that we have the proper controls and procedures in place. This Statement of Understanding and Assumption of Risk supplements the Participant Agreement, Liability Release, Indemnity Agreement, Visitors' Acknowledgement of Risks and Assumption of Risks (the "Release"), the terms of which are incorporated herein by reference. It is a summary only and should not be considered a comprehensive statement regarding Covid-19.

I understand there are risks of contracting Covid-19 which can be reduced but not eliminated and mitigation efforts require the understanding and cooperation of everyone participating in an adventure activity as defined in the Release. I have chosen to voluntarily participate in the activity and I assume the risk of contracting Covid-19.

While participating in the activity, I agree to follow the recommendations below, to the extent possible:

- Utilize handwashing and sanitizing equipment and routines
- Use respiratory etiquette including stepping away from others and coughing and sneezing into my crooked arm or shoulder
- Not touching my face with unwashed hands
- Not sharing personal items like water bottles, lip balm and eating utensils
- When possible, maintain a social distance of at least 6 feet from others

I also consent to the following:

- To wear a face mask if requested to do so or if I must be within 6 feet of another person
- To have my temperature taken at any time
- To submit to a Covid-19 or Covid-19 Antibody test if requested by CMS prior to being allowed to participate in the activity
- To advise CMS if I have been in contact with someone testing positive for Covid-19
- To advise CMS if I have any of the symptoms listed below

I understand there are a number of symptoms of Covid-19, some of which are fever over 100.5°F, cough, shortness of breath, body aches, fatigue, chills, headache, sore throat, loss of sense of smell, gastrointestinal infections similar to norovirus which may cause vomiting and diarrhea. If I have any of these symptoms, I will not be allowed to participate in the activity and I must stay at home. It is recommended that I also advise my medical provider of the symptoms. All information provided to CMS will be treated as confidential; however, CMS may be required by law to disclose this information to public health organizations. To the extent possible, I must provide a statement to CMS with the names of all persons with whom I have had close (6 feet or less) contact at least 72 hours prior to becoming ill.

I agree to and understand all of the above.

Signature

Date

Print name here