



CARGILL AERONAUTICAL ACADEMY
LIABILITY WAIVER AND RELEASE FOR INFECTIOUS DISEASES
INCLUDING COVID-19

In consideration of my participation in testing, training, and/or aircraft rental services (“Academy Services”) provided by Cargill Aeronautical Academy (“Academy”), I hereby acknowledge that my participation in Academy Services includes possible exposure to, and illness from, infectious diseases, including but not limited to, MRSA, influenza, and COVID-19. I acknowledge the contagious nature of these diseases. With regard to COVID-19, I acknowledge that the CDC and the Pennsylvania Department of Health still recommend practicing social distancing. I further acknowledge that the Academy has put in place preventative measures to reduce the spread of COVID-19.

I further acknowledge that the Academy cannot guarantee that I will not become infected with an infectious disease. I am voluntarily participating in Academy Services and acknowledge that in doing so, I am increasing my risk to exposure to infectious diseases, including COVID-19. I understand that the risk of becoming exposed to and/or infected by any infectious disease may result from the actions, omissions, or negligence of myself and others, including, but not limited to Academy agents and employees.

I acknowledge that I must comply with all set procedures to reduce the spread of infectious diseases while participating in Academy Services. In the event I observe a significant or concerning health condition or hazard during my participation in Academy Services, I will immediately bring such condition or hazard to the attention of the nearest Academy personnel.

In an effort to reduce COVID-19 exposure during participation in Academy Services, I hereby attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19 within the last 10 days.
- * I have not been diagnosed with Covid-19 within the last 10 days.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the COVID-19.



I hereby release, waive, relinquish, discharge, and agree to hold harmless the Academy, along with its officers, directors, managers, officials, agents, employees, or other representatives, and their successors and assigns (collectively, the “Academy Representatives”) on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, of the Academy or that may otherwise arise in any way in connection with any services received from the Academy. I understand that this release discharges the Academy from any liability or claim that I, my heirs, or any personal representatives may have against the Academy with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from the Academy.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name (Print Please) _____

Signature _____

Date _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Cargill Aeronautical Academy for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Names of Participant(s) under the age of 18: _____

Guardian Name (Print Please) _____

Guardian Signature _____

Date _____