



Creator Haven LLC

Certification of Vaccination and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19 is deemed highly contagious. People can be infected and show no symptoms and, therefore, spread the disease. COVID-19 can cause serious and life-threatening illness or death.

Creator Haven LLC cannot prevent anyone from becoming exposed to, contracting, or spreading COVID-19 while utilizing Creator Haven LLC’s services and facilities. Choosing to utilize Creator Haven LLC’s facilities and enter onto Creator Haven LLC’s premises may cause exposure to and/or increasing the risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 as a condition of utilizing Creator Haven LLC’s services and entering Creator Haven LLC’s premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Creator Haven LLC and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Creator Haven LLC’s services and premises.

COVID-19 VACCINATION CERTIFICATION: I certify that I have completed a full course of an FDA approved vaccine for COVID-19 at least two (2) weeks prior to the date below. Furthermore, if it is more than six (6) months since the completion of my initial vaccination, I have also received at least one (1) booster vaccination.

HEALTH SCREENING AND PRECAUTIONS: I certify that

- I have not been diagnosed with COVID-19 in the last 14 days.
- I do not live with or had close contact with anyone who has been diagnosed with COVID-19 during the last 14 days.
- I am not waiting for the results of a COVID-19 test.
- I have had none of the following symptoms during the last 48 hours: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature of Student: _____

Name (printed): _____ Date: _____

If student is under age 18:

Signature or Parent or Legal Guardian: _____

Name (printed): _____ Date: _____