PARTICIPANT RELEASE AND WAIVER OF LIABILITY for Camden Community Partnership

I hereby execute this PARTICIPANT RELEASE AND WAIVER OF LIABILITY (this “Release”) on the date set forth above in favor of CAMDEN COMMUNITY PARTNERSHIP, INC., a nonprofit corporation organized and existing under the laws of the State of New Jersey (the “Organization”).

I desire to participate in activities related to CONNECT THE LOTS which may include, but are not limited to, physical activity and interaction with other persons.

In exchange for being allowed to participate in the Activities and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk.

(a) I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks, including without limitation exposure to COVID-19 (defined below). I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of serious illness, personal injury, permanent disability, death, property loss and other harm that I may incur as a result of my participation in the Activities.

(b) I am aware of the highly contagious nature of bacterial and viral diseases including specifically, but without limitation, the coronavirus disease 2019 (including any variants thereof) (commonly referred to as “COVID-19” or ‘coronavirus”) (collectively, the “Disease”) and the risk that I may be exposed to or the risk that I may contract the Disease or other infectious diseases by participating in the Activities. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, property loss and other harm to me. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE OR ANY OTHER INFECTIOUS DISEASE AND BECOMING AFFLICTED WITH THE SAME, I ACKNOWLEDGE THAT I AM VOLUNTARILY ENGAGING IN THE ACTIVITIES WITH KNOWLEDGE AND FULL ACCEPTANCE OF THE DANGER AND RISKS INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, PROPERTY LOSS, AND HARM RELATED TO THE DISEASE OR OTHER INFECTIOUS DISEASES, ARISING FROM MY PARTICIPATION IN THE ACTIVITIES.

(c) I represent and warrant that I am familiar with federal, state, and local laws, orders, directives, and guidelines related to the Disease, including the Centers for Disease Control and Prevention (CDC) guidance on, and the New Jersey Governor’s executive orders and directives pertaining to, the Disease, and will comply with all such orders, directives, and guidelines while participating in the Activities. I acknowledge and agree that any steps taken by the Organization (whether taken consistently or intermittently) are for the Organization’s benefit and are not intended to provide any assurance that I will not be exposed to the Disease or other infectious disease.

2. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release, and discharge the Organization and its affiliates, predecessors, successors, and assigns, and its and their officers, directors, trustees, members, employees, agents, representatives, and volunteers (collectively, the “Releasees”) from, and expressly waive and relinquish, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Releasees, and fully and forever release and discharge the Releasees from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE RELEASEES FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE RELEASEES WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS, AND OTHER HARM THAT MAY RESULT FROM OR ARISE OUT OF OR IN CONNECTION WITH THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

4. Insurance. I UNDERSTAND THAT THE ORGANIZATION DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY. I also understand that the Organization does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of the Organization in the event of any injury or medical expense.

5. Indemnification. I hereby agree to indemnify, defend, and hold harmless the Organization and the other Releasees from any and all liability, losses, damages, judgments, settlements, fines, penalties, or expenses, including attorneys' fees (collectively, “Losses”), resulting from or otherwise arising out of my participation in the Activities (whether such Losses are the result of or arise out of my negligence, recklessness, or willful misconduct).

6. Photographic Release. I understand and agree that during my participation in the Activities, I may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

7. Miscellaneous. I hereby agree that this Release, which is intended to be as broad and inclusive as permitted, represents the full understanding between the Organization and me and supersedes any and all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the fullest extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of both the Organization and its officers, directors, trustees, members, executors, employees, agents, representatives, volunteers, successors, administrators, legal representatives and assigns, and me and my heirs, executors, administrators and legal representatives. Section headings are for convenience of reference only and shall not define or modify any of the terms of this Release.

8. Governing Law. I hereby agree that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey, without regard to its principles of conflicts of laws.

BY CLICKING THE BOX IN THIS ONLINE FORM I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION OR ANY OF THE OTHER RELEASES.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_