

ACKNOWLEDGMENT OF RISK, WAIVER, AND RELEASE

In consideration of my being allowed to visit and attend classes in and around the facilities of the International Cultural and Friendship Association, located at 95-030 Waihonu Street, Mililani, Hawaii 96789 (the "Facility"), I hereby acknowledge and agree, on behalf of myself, my heirs, assigns, legal representatives, and anyone claiming through, by or under me, as follows:

1. I am attending class(es) at the Facility voluntarily.
2. I am aware that there is currently a Coronavirus/COVID-19 pandemic taking place, whereby a certain virus is spreading by means of human contact and other contagious means throughout the world, including in Hawaii. I am aware that coming in contact with the virus can lead to serious illness, and even to death.
3. I acknowledge that International Cultural and Friendship Association, Honbushin International Center, their affiliates, agents, employees, volunteers, instructors, successors and assigns (collectively "ICFA"), cannot ensure that I will not come in contact with the virus during my visit to the Facility.
4. I acknowledge that ICFA has put in place preventative measures to reduce the spread of Coronavirus/COVID-19, and I understand the risk of becoming exposed to and/or infected by Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ICFA staff and volunteers, other class attendees, and other visitors to the Facility.
5. I acknowledge the risk associated with visiting the Facility, and acknowledge that I am increasing my risk of exposure to Coronavirus/COVID-19, and I agree to assume responsibility for the risk, whether or not specifically identified in this document.
6. I understand and agree that I am to follow CDC recommended guidelines and applicable governmental orders, including but not limited to wearing a face mask at all times except during class exercise, maintaining social distance of six (6) feet, refraining from gathering with others before and after class, and refraining from coming to class for two (2) weeks if I feel sick or have a fever of 100.4 degrees Fahrenheit or higher. I have not traveled within the last fourteen (14) days nor to my knowledge interacted with any person known to have traveled or been infected with Coronavirus/COVID-19 within the last fourteen (14) days. I further attest that I have not to my knowledge interacted with any person known to have come into contact with any persons returning from travel and/or infected with Coronavirus/COVID-19 within the last fourteen (14) days.
7. **I agree, on behalf of myself, my successors, heirs, legal representatives and anyone claiming through, by or under me, to waive any and all claims against ICFA for any illness, injury, medical treatment, or death related in any way to my visiting the Facility, and I agree to hold harmless ICFA from any suits, actions, and claims arising out of or in any way connected with my visiting the Facility.**

I have read, understand, and agree to the terms and conditions herein.

Name: _____ Signature: _____ Date: _____