



**BECKRIDGE PRODUCTIONS (BRP)  
ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY  
RELATED TO COVID-19**

I acknowledge that:

- ★ The Coronavirus/COVID-19 hereafter ("COVID-19") is contagious and a potentially serious and deadly disease.
- ★ BRP is requesting all BRP members, staff and volunteers be fully vaccinated before participating in any in-person BRP functions like rehearsals, performances, and other functions (hereafter referred to collectively as "functions"), whether outdoors or inside a building.
- ★ BRP nonetheless has no requirement or assurance that fellow performers, audience members or other non-BRP participants or attendees at BRP functions will be fully vaccinated or free of COVID-19.
- ★ Despite full vaccination against COVID-19, I may contract COVID-19 or be exposed to the risk of contracting COVID-19 by participating in BRP functions.
- ★ If I participate in an BRP function, I do so voluntarily. I assume all risk associated with participation if I choose to participate in a BRP function.

I agree that I will NOT participate in any in-person BRP function if:

- ★ I experience any symptom of illness related to COVID-19 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 been diagnosed with COVID-19 and not yet cleared as non-contagious by my physician, or a State or local public health authority.
- ★ I have traveled within 14 days of the function to any location within or outside of the United States of America that has a significant COVID-19 infection rate, or
- ★ I believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19 within 14 days of the function.

I hereby release and agree to hold harmless BeckRidge Productions, its employees, agents, representatives, Board of Director members, its heirs, successors, and assigns, harmless from and waive 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 of income resulting from exposure to COVID-19 that may be caused by any act, or failure to act, or negligence by BRP staff, contractors, or volunteers, or that may otherwise arise in connection with my participation in an BRP function.

I understand that my signature on this Waiver discharges BeckRidge Productions from any liability or claim that I, my heirs, or any personal representatives may have against the organization with respect to any exposure to or infection from COVID-19, including illness, death, medical treatment, or loss of income, that may arise from, or in connection to, my participation in an BRP function.

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

Printed Name: \_\_\_\_\_  
BRP Staff/BRP Singing Member/ BRP Student/BRP Volunteer