

## **Participant Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Macomb County and Macomb Community Action’s Community Development Department have put in place preventative measures and protocols, where possible, to reduce the spread of COVID-19; however, Macomb County and Macomb Community Action cannot guarantee that you will not become infected with COVID-19. Attending or participating in any Agency program may increase your risk of contracting COVID-19.



I acknowledge Macomb Community Action and its employees, agents, contractors, and subcontractors that provide services in its housing services programs are engaged in a governmental function, and that participation in these programs is voluntary. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by participating in Macomb Community Action’s housing services programs, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in housing services programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Agency employees and contractors, subcontractors, or their respective employees.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participating in the housing services programs (the “Claims”). I hereby release, covenant not to sue, discharge, and hold harmless the County of Macomb, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the County of Macomb, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in the housing services programs.

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Signature of Homeowner

Date

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Print Name of Homeowner

Date