

Feather River Hot Springs

COVID-19 Risk Acknowledgement and Disclaimer Waiver and Assumption of Risk

This is an important document: You must READ IT BEFORE SIGNING

I acknowledge that I am signing this acknowledgment and disclaimer on behalf of each member of my party and will ensure that each member of my party is aware of, and strictly adheres to, the guidelines set out below when staying at and using the facilities at Feather River Hot Springs.

I and **all** members of my party understand and agree that:

- We will have been practicing social distancing for at least two weeks before our planned arrival and are symptom free.
- The hot springs are a natural spring which flows into the river and cannot be disinfected.
- Use of the hot springs tubs is, and has always been, at the individual's own risk.
- Use of the hot springs tubs will only be scheduled for separate groups.
- Social distancing is the responsibility of the guests.
- Feather River Hot Springs is not responsible for persons contracting the virus during their stay here in Plumas County.

I and **all** members of my party accept and acknowledge that risks and illness may be caused or increased by our own acts, omission, negligence or failure to follow any guidelines provided to us and Owner and Owner's Agent shall not be liable in such circumstances.

WAIVER AND ASSUMPTION OF RISK

I, the undersigned, hereby fully waive and release Rustic Tubs, LLC from any and all claims for personal injury, illness, or death that may result from being a guest on the property and/or use of the Hot Springs: I hereby voluntarily, at my own risk, sign this Waiver and Assumption of Risk in sole consideration of being permitted to be a guest and to use the Hot Springs facilities or property.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my participation in the activities.

I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Dated _____ Name _____

Address _____

Cell phone _____

Signature _____

WAIVER AND ASSUMPTION OF RISK / page 2

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