

**AGREEMENT WITH WAIVER AND RELEASE REGARDING COVID-19**

I acknowledge that in the current environment there are many unknowns about the COVID-19, including its methods of transmission and duration. Accordingly, I understand there are inherent risks associated with temporarily residing and living and interacting with staff and other families in the Ronald McDonald House and utilizing its facilities and grounds, and to such end, I release, hold harmless and covenant not to sue Ronald McDonald House Charities® of Northeast Ohio, Inc. ("RMHC") for any and/or all actions, causes of action, claims or damages, damages at law or in equity of whatever kind related to COVID-19, including those actions, claims or damages arising out of the acts or failure to act of RMHC, or me, while I am a guest or occupant at Ronald McDonald House except those which are due to the gross negligence of RMHC.

During my period of stay at Ronald McDonald House I agree to comply with any and all requirements of RMHC related to COVID-19 including compliance with governmental directives and/or orders, use of social distancing and/or masks, immediate disclosure of symptoms and/or knowledge of possible infection, personal hygiene, etc.

Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. I agree that the site of any action shall be Summit County, Ohio and the law governing any such lawsuit shall be Ohio law. The terms of this agreement shall continue and be in effect after my period of stay at Ronald McDonald House has been completed.

I agree for the patient, my family and myself.

Patient Name: \_\_\_\_\_

X \_\_\_\_\_

Signature above, print name below

\_\_\_\_\_  
Print name above

Relationship to Patient:

\_\_\_\_\_

Date Signed: \_\_\_\_\_

X \_\_\_\_\_

Signature above, print name below

\_\_\_\_\_  
Print name above

Relationship to Patient:

\_\_\_\_\_

Date Signed: \_\_\_\_\_