

# COVID-19 Liability Waiver

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned, am freely and voluntarily seeking fingerprinting services provided by the Laurel Police Department ("LPD"). In doing so, I understand and acknowledge that I am risking exposure to the Coronavirus/COVID 19 ("COVID 19"), and that given the highly contagious nature of COVID 19, the LPD cannot guarantee that while I am at the LPD for this purpose, I will not be infected with COVID 19.

I further understand and acknowledge that while the LPD has put in place certain preventative measures to reduce the spread of the COVID-19, the LPD cannot guarantee that I will not be exposed to or become infected with COVID 19, whether from the acts or omissions of LPD officers or staff, or any other citizens entering the LPD premises. In order to reduce the possible spread of COVID 19, I understand and agree to the following:

- Physical distancing of 6-feet is not possible during the fingerprinting process.
- I must sanitize my hands before entering and upon leaving the fingerprinting room.
- I must wear a N95 or KN95 mask over my mouth and nose at all times while in the LPD station.
- I will minimize the touching of common surfaces/areas.
- I may be unable to proceed with the requested fingerprinting services at the LPD if, in the sole judgment and discretion of the LPD, I am deemed unsafe or an undue risk with respect to my potential for carrying and/or spreading COVID 19.
- I may NOT bring children or anyone else into the fingerprinting room.
- Children CANNOT be left in the lobby unattended or without supervision of someone OVER the age of 12. NOTE: Children over the age of 2 are required to wear a mask that covers the nose and mouth.

Additionally, while I am at the LPD for fingerprinting services, I attest that:

- I have no open or exposed sores, cuts, or wounds on my fingers, thumbs, hands, or wrists.
- I do not have any bandages on my fingers or thumbs.

- I am not experiencing any symptom of illness 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 not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the COVID-19.
- I have not been diagnosed with Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the COVID-19.

I, along with my heirs and/or personal representatives, shall hold the Mayor and City Council of Laurel, the LPD, and/or the City's elected and appointed officials, employees, agents and/or volunteers (collectively, the "City") harmless from and against any and all compensation for damages, including, without limitation, causes of action, claims, demands, liabilities, costs and expenses incurred in connection with any and all affects I may suffer, including, without limitation, any bodily injury, illness, medical treatment, loss of life and/or property, should I contract COVID 19 subsequent to obtaining my requested fingerprinting, and/or any other services provided by the City, that may have been caused by any act, failure to act, or omission by the City.

I hereby agree that I shall immediately notify the LPD if I contract the virus within two weeks following my visit.

By signing below, I verify that the information I have provided on this form is truthful and accurate, that I fully understand and agree to the contents of this waiver, and that my signature is given voluntarily.

• Signature \_\_\_\_\_

**[You must sign this form at the Police station before you can be fingerprinted]**