



**2021 ADULT UNCONDITIONAL WAIVER
AND RELEASE OF LIABILITY**

Activity: **Volunteer to support Dignity Health’s COVID-19 Vaccine Points of Dispensing at Chandler-Gilbert Community College** (the “Activity”)

By participating in the Activity, I, _____, for myself, and my heirs, administrators, and assignees, hereby release, waive, and discharge Southwest Gas Corporation, its affiliates, officers, directors, agents and employees (“Released Parties”) from any and all liability demands, claims for loss, damage or injury arising or resulting from my participation in the Activity. I recognize and understand that any physical activity has a risk of injury or accident and that I should consult my medical professional/qualified healthcare provider prior to participation in the Activity.

I further acknowledge that the Activity may involve an uncontrolled area which presents certain risks, including but not limited to, the risk of physical injury, including the potential for permanent paralysis and death, resulting from exposure to the SARS-CoV-2 virus and from falling/slipping/tripping or injury to personal property. I further acknowledge that the Activity may involve contact with members of the general public and may be conducted adjacent to roads and facilities open to the public during the Activity, which may include contact with motor vehicles, bicycles, skateboards, scooters, etc. I also acknowledge that the Released Parties have absolutely no control over the area designated for the Activity, the health and safety protocols and personal protective equipment that are implemented, nor the weather and any impact related thereto. I hereby assume any and all risk of injury, damage, or accident to my person and/or property and that of any third person or property that may be sustained directly or indirectly from my participation in the Activity.

I acknowledge that my participation in the Activity is completely voluntary and no work-related activities will be conducted in connection with the Activity. I also understand that my participation in the Activity will not be paid work time nor will the Activity be considered hours worked. Therefore, I understand that any injury occurring during the Activity will not be covered by the Release Parties’ workers’ compensation coverage.

I acknowledge that I have the right to, and I am encouraged to, obtain legal advice from a personal attorney before signing this document. This Unconditional Waiver and Release of Liability shall survive my participation in the Activity. **I HAVE READ THIS UNCONDITIONAL WAIVER AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.**

Participant Signature

Date Signed: _____



PHOTO OP-OUT

Southwest Gas Corporation may take photos/video at this event for use in advertising and other promotional materials, whether in print, electronic, or other media.

Please check this box ___ if you DO NOT authorize the use of your photograph/image in any media images or recordings that will be produced, used, or distributed by Southwest Gas Corporation.