

Risk Acknowledgement & Release

re:power is committed to building and strengthening our movement toward our north star of a liberated, multi-racial democracy. We know that this movement will only succeed with the strength and resilience of our people and that includes you. re:power strives to foster an internal and external culture that is firmly rooted in our organizational values of: racial justice, dignity & worth of our people, communication & collaboration, accountability & excellence, and sustainability. These values guide our work and ground us in what matters most: our people.

re:power strives to have its in-person trainings and convenings be as safe and accessible as possible. While re:power continues to stay vigilant, it cannot anticipate or control all risks.

By voluntarily electing to participate in a re:power in-person training and/or convening, I, the undersigned participant (“I,” “Me,” or “My”), agree that my participation carries risks that I am personally responsible to investigate and for which I assume sole responsibility, including but not limited to risk of property loss or damage, illness, injury, death, economic damage, non-economic damage or other harms or damages. I also acknowledge that my participation carries risk of exposure to or contraction of COVID-19 or other illness. Against this background, I am entering into this Risk Acknowledgment and Release.

Below we outline re:power’s health practices that are put in place to reduce illness exposure and with the hope of keeping our community healthy.

Please check each statement below to indicate your understanding and commitment to following these practices.

I agree to take a COVID-19 test within 24 hours before arriving on site and not to attend the training in-person if I test positive for COVID-19. While on-site, I understand that re:power will require me to engage in daily COVID-19 testing and, if so, present a negative COVID-19 test each day before attending the training that must be uploaded into airtable each morning.

I agree that, in the event that I test positive for COVID-19 during the training and on-site, I will remove myself from the training room to promote the health and safety of others as well as myself.

- ▶ Positive COVID-19 test results must be reported immediately to the re:power event lead and the participant must follow isolation protocols as per health guidelines.
- ▶ Attendees who test positive will not be allowed to return to the training. re:power will offer reasonable support around lodging and travel logistics.
- ▶ re:power will work with me to do the following if I test positive for COVID-19 while at an away from home training/convening:
 - Cover the cost of lodging that may be required to self-quarantine and/or provide additional accommodation required beyond the original departure date, up to \$500
 - Reimburse up to \$200 for fees and expenses associated with rearranging travel
 - Reimburse for meals at a rate of \$75/day for up to 2 days beyond the original departure date
 - Reimburse for medical expenses incurred that are not covered by health insurance, as applicable

I agree to NOT attend if any of the following are true for me or anyone I've been exposed to:

- ▶ Within 14 days before the training, I have tested positive or have been exposed to someone who has tested positive for these common contagious illnesses: Coronavirus (COVID-19), Flu (Influenza), Respiratory Syncytial Virus (RSV), Measles, and/or Norovirus
- ▶ Within 48 hours before the training or while at the training, I have experienced symptoms of common contagious illnesses (e.g. a fever of 100.4F or higher, cough, shortness of breath or difficulty breathing, chills, repeated shaking muscle pain/achiness, headache, sore throat, loss of taste or smell, nasal congestion, runny nose, vomiting, diarrhea, or fatigue).

I agree to wash my hands/use hand sanitizer frequently.

I agree to respect care choices and comfort levels made by my fellow participants, including voluntary masking.

I understand that my participation in this gathering is entirely voluntary, and I have carefully considered the attendant risks of such participation, up to and including illness, injury or death.

I understand that I may be at risk of exposure to and contracting contagious illnesses while participating in and traveling to and from this gathering.

I understand that even when the reported risk of contracting COVID-19 or other contagious diseases is diminished, it may still be present and significant.

I accept the potential increased risk of contracting COVID-19 or another contagious illness if I choose to participate in this gathering.

I understand that I have the right to leave the training/convening at any time.

I understand that an individual can be infected with a contagious illness and spread the virus with or without displaying any symptoms.

ON-SITE TESTING

If you begin to feel sick during the training, additional testing will be available. If the result is positive, you will not be readmitted to the training and we will need to disclose to the rest of the participants that we had a participant test positive.

For attendees who test positive before the training begins, any training fees paid in advance can be applied toward a future re:power training, or request a refund. Unfortunately we cannot offer credit towards a future training or refunds for attendees who test positive during a training.

All test results will be kept confidential and only shared with relevant personnel on a need-to-know basis, except that, if I test positive during an event, other participants will be advised that another participant tested positive. re:power will comply with all applicable privacy laws and regulations.

re:power is committed to working with each person on a case-by-case basis to ensure that everyone who attends our trainings is cared for and has access to reasonable accommodations they need in the event of illness.

Waiver of Liability

re:power (the “Company”) has created protocols and put in place preventative measures to seek to have its in-person trainings and convenings be safe and accessible and to seek to reduce the spread of COVID-19 and other contagious illnesses; however, the Company cannot guarantee that you will not become infected with COVID-19 or another contagious illness or that you might face other risks and experience harm or damage, including but not limited to the risk of property loss or damage, illness, injury, death, economic damage, non-economic damage or other harms or damages

By signing this agreement, I acknowledge these risks, that I am solely responsible to investigate risks, and that I voluntarily assume all risks. I understand that the risks of becoming exposed to or infected by a contagious disease or experiencing other harm or damage at Company events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Company employees, travel providers, lodging providers, meal or beverage providers, other participants, and/or other persons or parties.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm to myself including, but not limited to, personal injury, disability, death, illness, damage, property damage or loss, economic damage, non-economic damage, or any other loss, claim, liability, or expense, of any kind, that I may experience or incur. I hereby release, covenant not to sue, discharge, and agree to defend, indemnify and hold harmless the Company and any affiliate entity and their directors, employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expense 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 Company, its employees, agents, and representatives.

I also agree to follow all safety guidelines and re:power’s stated protocols as outlined in the Risk Acknowledgement and any other protocols mandated by the jurisdiction or facility at which we are gathering.

MEDICAL TREATMENT; INSURANCE

I hereby release and discharge the Company from any claim, liability, or demand for payment whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my presence at a Company training/convening, and I hereby assume the obligation for all such costs. I agree to sign agreements in the event there is a need for medical treatment of me, except that, if I am unable to sign such agreements due to my medical condition, I hereby authorize any representative of the Company to secure emergency treatment for me.

I also understand that the Company does not carry or maintain health, medical, or disability insurance coverage for me related to the COVID-19 risk or any other risk associated with my voluntary participation in any Company training/convening and I am expected and encouraged to obtain my own medical or health insurance coverage.

Voluntarily Accepted:

SIGNATURE

DATE

Emergency Contact Information

IN CASE OF AN EMERGENCY, CONTACT:

Name: _____

Relationship: _____

Address: _____

Telephone Number: _____ Email: _____

Any allergies, medications, or other
information needed in an emergency: _____
