

LIABILITY WAIVER & RELEASE AGREEMENT

The Community Builders, Inc. (which is an affiliate of the owner of this community) aims to provide the residents of this community with the services necessary to develop and maintain a stable, productive and self-sufficient lifestyle.

In light of the potential public health benefits associated with vaccination for COVID-19, The Community Builders, Inc. ("TCB") has agreed to permit third party health care providers, including but not exclusively CVS (the "Providers"), to administer voluntary vaccination clinics at TCB sites for COVID-19 vaccines approved by the Food and Drug Administration under an Emergency Use Authorization or Biologics License Application (the "Vaccine Clinics"). TCB has provided residents with materials and information made available to TCB by the Providers regarding the vaccines being offered. TCB will not be providing medical services or medical advice. All medical services related to the Vaccine Clinics, including the administration of any vaccine, will be provided by the Providers.

Please read and fill out the form below:

On behalf of myself and any minor children listed below, I, _____ ("Participant") hereby knowingly and voluntarily release the owner of the community in which I reside, The Community Builders, Inc. ("TCB"), and the property management agent for the owner (if different from TCB), and their respective employees, agents, partners, members, affiliates, representatives, successors, assigns from any and all liability, loss, damage, costs, claims, and/or causes of action, resulting from or arising out of Participant's participation in the Vaccine Clinics offered at the Property (which includes, without limitation, any off-site programs and services offered in connection with the Property and any related transportation), including, without limitation, any and all liability, loss, damages, costs, claims, and/or causes of action related to COVID-19, COVID-19 transmission or the administration of any COVID-19 vaccines approved by the Food and Drug Administration under an Emergency Use Authorization or Biologics License Application. Participant further understands that while TCB has undertaken some measures to help minimize the risk of COVID-19 transmission by following, where possible, CDC, state and local guidelines, there still remains the risk of contracting the virus while participating in in-person programs and services. Participant understands that the COVID-19 pandemic presents unique health and safety risks and dangers, known and unknown, inherent and otherwise, that cannot be eliminated and which can cause injury, illness, paralysis or death to Participant, other of your family members and other third parties.

I understand that participation in the Vaccine Clinics is voluntary.. I understand that TCB will need to collect certain information required by the Providers and that my information will not be used or disclosed for any purposes or to any parties unrelated to the Vaccine Clinics, and only the information necessary to provide the Vaccine Clinics will be shared.

I understand that none of the above parties provide any health insurance coverage in connection with the Vaccine Clinics. In the event that I am injured or become ill during a Vaccine Clinics, I authorize the owner, the property manager or the program instructor to arrange for my transportation to the nearest emergency room for treatment. I accept responsibility for any necessary expense incurred in the medical treatment that is not covered by my own health insurance.

My signature below indicates that I am the age of 18 years or older and that my consent is freely given as a condition of participating in the Vaccine Clinics provided to me.

Signature: _____

Date: _____

I am the parent or legal guardian of each child listed below, and I hereby sign this waiver on behalf of each child as well as myself.

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____