



## **MD5M Lions KidSight Vision Screening Program**

### **COVID-19 Liability Waiver**

I, the undersigned individual, affirm that my school or business is voluntarily participating in the MD5M Lions KidSight Vision Screening Program.

I agree to hold harmless MD5M Lions KidSight Foundation, Inc, and the members of the Lions' Vision screening team in the eventuality that there is exposure to COVID-19 because of our participation in this screening activity.

Name:

Title/Position

School/Business Name:

Date:

Signature:

Phone #

Email:

**NOTE: A COPY OF THIS WAIVER MUST BE SUBMITTED WITH THE SCREENING TEAM SITE REPORT**