

**West Bath Historical Society Covid-19 Liability Waiver
(in addition to the Use of Facilities Application)**

I understand and agree that use of the Old West Bath Meeting House is at my own risk. I assume full responsibility for any injuries or illness, directly or indirectly, to myself and all persons involved with my use of the facility. This includes the contagious Covid-19 virus. I also fully understand and agree to abide by the mandates set forth by Maine's governor and CDC at the time of my use of the facility. The West Bath Historical Society and the Town of West Bath will not be held liable for my actions or those associated with my use of the facility.

Date: _____

Name: _____

Signature: _____

West Bath Historical Society Witness Name, Signature _____

Date: _____