

## Waiver and Release

The undersigned Trainee desires to participate in an in-person training offered by Trainer. The Trainee acknowledges that in-person events involve risk of injury or sickness, including sickness from COVID-19 and similar viruses.

Trainee, on her own behalf and on behalf of her heirs and assigns, agrees to waive and hold Trainer, DONA International and their representatives harmless from and against any claims, damages or expenses arising from travel to or participation in the in-person event offered by Trainer, including but not limited to sickness or death arising from COVID-19 or similar viruses.

Trainer Name: \_\_\_\_\_ Trainee Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**DONA International requires that Trainers collect and keep this form. Please sign and provide this waiver to your Trainer.**