



StoryCorps Program | Acknowledgment of Risk

An inherent risk of exposure to COVID-19 exists anywhere people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. StoryCorps, Inc. (“StoryCorps”) has made adjustments to our health and safety protocols based on guidance from health authorities, such as the Centers for Disease Control and Prevention (CDC), to continue our programming in communities across the United States. StoryCorps’ protocols may change at any time without notice. In consideration of participating in a StoryCorps interview recording, training, event or program activity (collectively, the “StoryCorps Programs”), you voluntarily assume all risks related to exposure to COVID-19.

TERMS & CONDITIONS FOR STORYCORPS PROGRAM

I. StoryCorps Program Reservations

StoryCorps Program reservations are limited and subject to availability and restrictions. To participate in the StoryCorps Program, you must have a valid reservation or appointment. StoryCorps Program reservations or appointments cannot be sold and are void if transferred.

StoryCorps reserves the right to cancel or reschedule any StoryCorps Program reservation, appointment, or event for any reason, at any time.

Certain StoryCorps Program locations, including without limitation rooms and public spaces, may be modified and subject to restrictions based on COVID-19 protocols. You hereby agree to adhere to any recommended protocols at your scheduled StoryCorps Program location. StoryCorps and any third parties authorized to conduct the StoryCorps Program can cease the StoryCorps Program or request participants and their guests to leave or vacate the premises for failure to comply with any protocols. StoryCorps may reschedule the StoryCorps Program reservation as applicable and at StoryCorps’ discretion.

II. COVID-19 Waiver

By reserving a StoryCorps Program appointment or agreeing to participate in the StoryCorps Program, and in consideration for being able to participate in the StoryCorps Program, I acknowledge and agree that I understand on my own behalf and on behalf of any individual that participates in the StoryCorps Program reservation or appointment made by me, as follows:

Assumption of Risk: I acknowledge that there is an inherent risk of exposure to COVID-19 and any variants, strains and mutations thereof (collectively, “COVID-19”) in any place where people may be present. COVID-19 is an extremely contagious disease that can be spread, directly or indirectly, from one person to another. No precautions can eliminate the risk of exposure to COVID-19. I acknowledge and agree that the risk of exposure to COVID-19 includes the risk that I will expose others that I encounter, even if I am not experiencing or displaying any symptoms of COVID-19 or illness. I acknowledge that my participation in the StoryCorps Program is entirely voluntary. By participating in the StoryCorps Program, I agree to voluntarily assume any and all risks in any way related to exposure to COVID-19, including without limitation illness, physical or emotional injury, or death of myself or others.

Waiver: On my own behalf and on behalf of my heirs, successors, assigns, executors, administrators, and personal representatives, I agree to forever waive, release, covenant not to sue, and discharge StoryCorps and its employees, directors, officers, agents, licensees, insurers, successors and assigns (the "Released Parties") from any and all claims, liability, disputes, suits, causes of action, damages, costs, or expenses of every kind, including all claims and causes of action based on the sole, joint, active or passive negligence of any of the Released Parties, arising out of or in any way relating to exposure to COVID-19 whether suffered by me or anyone else before, during, and after my visit to and/or participation in StoryCorps Program. This waiver of liability and the assumption of risk set forth above is intended to be as broad and inclusive as is permitted by law.

Indemnity: On my own behalf and on behalf of my heirs, successors, assigns, executors, administrators, and personal representatives, I agree to indemnify and hold each of the Released Parties harmless from and against any and all claims made or incurred by anyone, including myself and any individual who uses a reservation made by me, arising out of or in any way relating to my making a reservation or appointment, and subsequent participation in the StoryCorps Program, and arising out of any and all risks related to exposure to COVID-19, wherever such StoryCorps Program may occur and whether suffered before, during, or after such participation in the StoryCorps Program. My indemnification obligations shall include, without limitation, all attorneys' fees and costs incurred by any of the Released Parties through and including any appeals. I understand and agree that I am not relying on the Released Parties to have arranged for, or carry, any insurance of any kind for my benefit related to my participation in the StoryCorps Program. I agree this indemnity shall cover all physical and emotional injuries and/or damages, including without limitation all illness, bodily, injury, and death, whether suffered by me or anyone else before, during, or after my visit and/or participation in the StoryCorps Program. I agree that the scope of the Indemnity shall include any claims related, in whole or in part, to my own actions and the actions of third parties, whether foreseeable or unforeseeable.

Scope: This acknowledgment and express assumption of risk is intended to be as broad and inclusive as permitted by law. This Acknowledgment of Risk applies to any and all visitation to or participation in the StoryCorps Program arising out of the making of the StoryCorps Program reservation and appointment, including travel to and from such StoryCorps Program.

Governing Law: These terms and conditions shall be governed by, and construed in accordance with, the laws of the State of New York without regard to conflicts of laws.

Severability: If any provision of this Acknowledgment of Risk is determined to be illegal or unenforceable, that provision shall be severed from this agreement, and such severance will have no effect upon the enforceability of the remainder of this agreement.

I have read the above release, authorization and agreement, prior to its execution, and am fully familiar with its contents. I am aware that this is a release of liability and a contract between me and StoryCorps and I sign it of my own free will.

ACCEPTED AND AGREED:

Signature _____ Date _____
Printed name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Email _____

IF PARTICIPANT IS A MINOR

I understand that my child or ward has engaged or will engage in the StoryCorps Program. I accept and agree to the terms of this Waiver of Liability on my own behalf, and on behalf of my child or ward.

Signature of parent or guardian _____ Date _____
Printed name of parent or guardian _____

STORYCORPS PROGRAM

Please select the StoryCorps Program:

_____ Interview Recording _____ Event _____ Training _____ Other Program Activity

Date of StoryCorps Program: _____



STORYCORPS PROGRAM | HEALTH ACKNOWLEDGEMENT

Please make sure to review any guidelines or restrictions that may be required at the location of your StoryCorps interview recording, event, training or other program activity (collectively, the “StoryCorps Program”). By entering the StoryCorps Program location, you are confirming that you and all persons in your party:

- **Face Covering:** Will bring a face covering and wear it in all public places, StoryCorps Program site, venue, room or other areas that may be marked to wear a face covering. Participants are required to wear face coverings at all times, except while eating or drinking.
- **Symptoms:** Have not experienced any of the following symptoms noted by the Centers for Disease Control and Prevention in the past 48 hours, including:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- Have not been in contact with someone with confirmed or suspected COVID-19 symptoms in the last 14 days
- Are not under any self-quarantine orders

This Health Acknowledgement encourages StoryCorps Program participants and their accompanying party, as permitted at the StoryCorps Program location, to evaluate their own health prior to participating in the StoryCorps Program or entering the premises where StoryCorps Program is conducted. Participants who cannot confirm all of the above criteria must not enter the StoryCorps Program location. If at any point during their visit a participant or accompanying party does not meet all of the above criteria, they and their accompanying party will be required to isolate and may be relocated or asked to leave the premises by StoryCorps or any third party authorized to conduct the StoryCorps Program.