

**FACILITIES USE AGREEMENT SUPPLEMENT
(WAIVER OF LIABILITY: COVID-19 & OTHER ILLNESS)
LAKE COUNTY FAIRGROUNDS AND EVENT CENTER
2101 CR 452 Eustis, Florida 32726**

Licensee: _____

Event(s): _____

Date of Event: _____

The undersigned acknowledges that Licensee has signed a Use Agreement with Lake County, Florida for the purposes of using the Lake County Fairgrounds and Event Center ("Fairgrounds") for the above described Event(s).

The parties acknowledge that there is an inherent risk of exposure to COVID-19 and other illnesses and infectious diseases in any public place where people are present. While using the Fairgrounds for the Event(s), including set-up and removal, Licensee agrees to following the guidelines of the Centers for Disease Control and Prevention (CDC), State of Florida Department of Health, and other applicable federal, state and local guidelines, regulations and rules.

By signing below, and with full knowledge and understanding, Licensee hereby forever releases, waives and discharges Lake County, Florida and its commissioners, employees, managers and agents, from any and all liability, claims, damages and causes of actions, arising out of or related to damages, claims, injury, sickness, losses and injury, including death, that may be caused or arising out of negligence, fault or conduct of any kind, whether caused by the County, Licensee, a third-party or anyone else.

Licensee acknowledges that participation in any event hold risks of possible exposure to COVID-19 and other illnesses and other infectious diseases and that Licensee assumes, freely, all these risks related to COVID-19, illnesses and infectious diseases.

Lake County is not under obligation to post notices for the Licensee of risks associated. This supplement is governed by Florida law and if a part is found unenforceable, the remainder shall be enforced as fully as possible.

The undersigned has read this supplement and waiver, agrees to be bound by the same and is fully authorized to sign this supplement and wavier on behalf of the Licensee.

I have read and fully understand the terms and conditions set forth herein.

BY: _____ DATE:
Authorized Officer Signature