

Listing Contract COVID-19 Rider/Amendment

Property Location:				
roporty Location.				
			MO Zip Code	
Street Address	City		Zip Code	County
Listing Contract between Owner(s)	and REALTOR® dated:			
To the extent not specifically am				
previously entered into between				
event of any inconsistency bety Listing Contract entered into bet				in the origi
The current world-wide Coronavir	•			te on real e
transactions, including, but not limite				
closures of both governmental and				
REALTOR® is seeking to determin				
or access to the Property. In consi	deration of the foregoing, Ow	ner and REAI	LTOR® agree as fo	ollows:
DECISION TO CONTINUE SHOW	INGS OR NOT: (Please selec	t only one)		
☐ Subject to applicable law, Owner	er authorizes continued "in-pe	erson" (live) sh	nowings of, and cor	ntinued acce
the Property by potential buyers, bu	uyer agents, inspectors, appra	isers, contract	tors, and others as	may be nece
to complete the sale and closing of	the Property. Owner acknowl	edges that it is	impossible for REA	ALTOR® to s
and/or monitor all such individuals.	Accordingly, Owner assumes	the risk of, an	d hereby releases a	and agrees to
REALTOR®, its employees, office	rs, agents, contractors and v	endors, harml	ess from and agair	nst, all claim
liability resulting from exposure to c	-		_	,
_		-		(live) aboveir
Owner elects to have the Proper	•		iii be no in-person	(live) showing
the Property of any kind until subse	equently authorized by Owner	•		
List any other changes: (Complet	e only if applicable)			
OMNED (Circula)		D (0' ()		
OWNER (Signature)		R (Signature)		
Printed Name	Printed	Name		
Printed Name	Printed Date	Name		
Printed Name Date	Printed Date *******************************	Name	* * * * * * * * * * * *	*****
Printed Name Date *******************************	Printed Date ********************************	Name	* * * * * * * * * * * * * * * * * * *	*****
Printed Name Date ***********************************	Printed Date ********************************	Name	* * * * * * * * * * * * * * * * * * *	*****
Printed Name Date **************************** REALTOR® acknowledges and accomplex acknowledges and accomplex	Printed Date ********************************	Name * * * * * * * * * * * * * * * * *	**************************************	******
Printed Name Date ************************** REALTOR® acknowledges and actheday of	Printed Date ********************************	Name * * * * * * * * * * tract COVID-1	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * ent, effective

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