

Coronavirus (COVID-19) Release of Liability Agreement

This Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement ("Agreement") is entered into by the undersigned in consideration for participating in activities, programs, or utilizing the facilities ("Activities") provided by:

Facility/Organization Name

Assumption of Risk

I acknowledge the contagious nature of the Coronavirus (COVID-19) and that the CDC and other public health

authorities still recommend practicing social distancing. I further acknowledge that _____ ("Facility") has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that the Facility cannot guarantee that I will not become infected with the Coronavirus/COVID-19 and understand that the risk of becoming exposed to and/or infected by the coronavirus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other participants.

Release and Waiver

In consideration of being allowed to participate in the Activities, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience in connection with my attendance at the facility or participation in Facility programming ("Claims").

I hereby release, covenant not to sue, discharge, and hold harmless the Facility, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Acknowledgement

- I am not experiencing any symptom of illness such as cough, shortness of breath, or fever, and have not been diagnosed with COVID-19 within the last 14 days.
- I have not traveled internationally within the previous 14 days.
- I am following all CDC and local health authority recommended guidelines as much as possible and limiting my exposure to COVID-19.

Participant Name:

Signature:

Date: _____

If under 18, Parent/Guardian Signature:

Date: _____