



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Anderson “COA” has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, COA cannot guarantee that you will not become infected with COVID-19. Further, attending any program may increase your risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may have been exposed to, or infected by COVID-19 by attending the COA program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the COA program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, COA employees, volunteers, and program participants and their families.

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, death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at the COA program. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless COA, 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. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of COA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any COA program.

Team Name _____ Date _____

By signing the back of this form, I accept the provisions of this document.

