

## **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. Recess & Results cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19. Please complete a separate waiver for each family member participating in Recess & Results activities, programs, or events.

Participant First and Last Name: \_\_\_\_\_ Parent First and Last Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

### **READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_\_ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; 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 Recess & Results activities and events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Recess & Results volunteers, coaches, program participants and their families.

\_\_\_\_ INITIALS 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 or incur in connection with my participation with Hortonville Youth Sports. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Recess & Results, its independent owners, volunteers, coaches, 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 Recess & Results, its board members, volunteers, coaches, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Recess & Results.

\_\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_\_ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

\_\_\_\_ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I have read and understood this document and I agree to be bound by its terms.

\_\_\_\_ INITIALS I have signed a separate general waiver of liability connected to my participation with Recess & Results during the initial registration process and I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

### **PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)**

I further agree to indemnify and hold harmless Recess & Results from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity,  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_