

Participant Assumption of 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 health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people.

The City of Covington has put in place preventative measures to reduce the spread of COVID-19; however, the City of Covington **cannot guarantee** that you, your children, or any other person, will not become infected with COVID-19. Further, attending City of Covington facilities and/or sponsored programs or activities could increase your risk and your child or children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 by using City of Covington facilities and/or participating in or attending City of Covington programs and activities, 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 City of Covington activities may result from the actions, omissions, or negligence of myself and others, including but not limited to City of Covington employees, volunteers, and program participants and their families.

I consent to and commit to the Covington Parks and Recreations facility reopening policies. I understand that failure to obey facility policies may result in removal from the facility without compensation. By signing below, I also acknowledge the Safety Briefing that I have received prior to participating in City of Covington activities.

I am over the age of 18 years old and voluntarily agree to assume all of the foregoing risks, and other risks associated with my or my child's/children's participation, and accept sole responsibility for any injury to my child or children and/or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my and/or my child's/children's use of City of Covington facilities, attendance at, or participation in, City of Covington activities and/or programming. On my behalf and on behalf of my child or children, as well as my and/or my child or children's heirs, executors, and/or personal representatives, I hereby waive and release, covenant not to sue, discharge, and hold harmless the City of Covington, its officials, employees, volunteers, and agents of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the use of City of Covington facilities and/or participation in or attendance at City of Covington programs and activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City of Covington, its officials, employees, volunteers, and agents, whether a COVID-19 infection occurs before, during, or after use of any

City of Covington facilities and/or the participation in or attendance at any City of Covington programs or activities.

I authorize any necessary emergency medical treatment that might be required for myself, and/or my child or children, in the event of physical injury and/or accident to myself and/or my child or children while participating in this activity.

YES NO (Participant or Parent/Legal Guardian initials) _____

I hereby consent to allow my, and/or my child's or children's, picture or likeness to appear in any official document, City of Covington website or social media account, sponsor advertisement and/or City of Covington produced television coverage of City of Covington sponsored activity without compensation to me.

YES NO (Participant or Parent/Legal Guardian initials) _____

Signature of Participant or Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

Name of Participant(s)