

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

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

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The City of Isle of Palms Department of Recreation reduce the spread of COVID-19; however, The City of Isle guarantee that you or your child(ren) will not become infinite of Palm's Department of Recreation programming contracting COVID-19.	of Palms Department of Recreation cannot fected with COVID-19. Further, attending City of
By signing this agreement, I acknowledge the cor assume the risk that my child(ren) and I may be exposed of Palms Department of Recreation program and that sucinjury, illness, permanent disability, and death. I understainfected by COVID-19 at City of Isle of Palms Department actions, omissons, or negligence of myself and others, incoperatment of Recreation employees, volunteers, and present actions.	to or infected by COVID-19 by attending City of Isle ch exposure or infection may result in personal and that the risk of becoming exposed to or of Recreation programming may result from cluding, but not limited to, City of Isle of Palms
I voluntarily agree to assume all of the foregoing to my child(ren) or myself (including, but not limited to, produced to the connection with my child(ren)'s attendance or participating Recreation programming ("Claims"). On my behalf, and on not to sue, discharge, and hold harmless the City of Isle of agents and the representatives, of and from the Claims, it costs or expenses of any kind arising out of and related the includes any Claims based on actions, omissions, or negligible Recreation, its employees, agents, and representatives, with during, or after participation in any City of Isle of Palms Desired.	personal injury, disability, and death), illness, at I or my child(ren) may experience or incur in ion in City of Isle of Palms Department of ion behalf of my children, I hereby release, covenent of Palms Department of Recreation, its employees, including all liabilities, claims, actions, damages, increto. I understand and agree that this release gence of the City of Isle of Palms Department of whether a COVID-19 infection occurs before,
Signature or Parent/Guardian	Date

Date

Print Name of Parent/Guardian