



**Acknowledgement of Risks and Waiver of
Liability Relating to
Coronavirus/COVID-19**



I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) has stated that “the best way to prevent illness is to avoid being exposed to the virus.”

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 have voluntarily chosen to allow to participate in programs operated by Franklin Department of Parks and Recreation (FDPR).

I acknowledge FDPR employees come into contact with multiple individuals, and might become exposed to COVID-19. I also acknowledge that although FDPR take precautions to reduce the likelihood of transmission of COVID-19 by its employees, FDPR cannot guarantee that participants will not become infected with COVID-19.

I knowingly acknowledge that by participating in FDPR programs, I am exposing myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand the risk of becoming exposed to or infected by COVID-19 may result from the actions, negligence, and failure to act of myself and others, including, but not limited to, FDPR employees, and other program participants.

I agree to assume all of the foregoing risks, and accept personal 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 of nature, that I may suffer arising out of or in connection with myself becoming exposed to or infected by COVID-19 while participating in any FDPR programs. I hereby release, covenant not to sue, and forever discharge the FDPR, its employees, agents and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with myself and becoming exposed to or infected by COVID-19. I understand that release includes any Claims based on negligence, action or inaction of any of FDPR, its employees, agents, and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in a FDPR program.

PARTICIPANT NAME

PARENT SIGNATURE (IF UNDER 18 YEARS OF AGE)

PARTICIPANT SIGNATURE

Date