



**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 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.

Beaufort County Parks and Recreation (“BCPR”) has put in place preventative measures to reduce the spread of COVID-19; however, BCPR **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending BCPR programming could increase** your risk and your child(ren)’s risk of contracting COVID-19.

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By signing this ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 (“Waiver”), I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending any BCPR program; and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at any BCPR programming may result from actions, omissions, or negligence of myself and others, including, but not limited to, BCPR 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 my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance or participation in any BCPR programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless BCPR, its employees, agents and the representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of and related thereto. I understand and agree that this release includes any Claims based on actions, omissions, or negligence of BCPR, its employees, agents, and representatives; whether a COVID-19 infection occurs before, during, or after participation in any BCPR program. I acknowledge that this Waiver is not program specific, but rather a waiver for participation in any and all BCPR programs.

In signing this Waiver, I acknowledge I am signing as the legal guardian of the following minor child(ren):

Name of Child #1

Child #1 Birthdate

Name of Child #2

Child #2 Birthdate

Name of Child #3

Child #3 Birthdate

Signature or Parent/Guardian

Date

Print Name of Parent/Guardian

Date