

Youth Sports COVID Waiver

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Description

CONSENT AND WAIVER (Required):

IN CONSIDERATION of the City of Dunn and its Parks and Recreation Department, granting permission to the Participants, as hereinafter defined, to participate in the City of Dunn Recreation & Youth Athletic Program(s) (the "Activities"), I, the undersigned, on behalf of myself and any listed minor, and on behalf of my or any listed minor's heirs, personal representative, guardians and next of kin (the "Participants"), hereby acknowledge and agree as follows:

1. The Participants acknowledge and understand that the Activities carry a certain level of inherent and unavoidable risk, and the acknowledge that they are voluntarily participating in the Activities, and that the Participants are under no obligation to engage in the Activities.
2. The Participants are familiar with and understand the Centers for Disease Control and Prevention guidelines regarding the Co
3. The Participants acknowledge that the contraction of the Communicable Diseases may result in the serious bodily injury or de
4. Notwithstanding the risks associated with the Communicable Diseases, which the Participants readily acknowledge, the Partic
5. The Participants acknowledge and fully assume any and all risks, dangers and hazards associated with the Communicable Di officials and assigns (the "City"), from and for any and all liability arising from or related to the Communicable Diseases, which might occur as a result of participation in the Activities.
6. The Participants shall INDEMNIFY, DEFEND, AND HOLD HARMLESS the City from and against any and all claims, demand: Diseases, whether caused by the negligence of the City or otherwise.
7. This Consent and Waiver shall bind the Participants, their heirs, personal representative, guardians, next of kin and assigns, e

IN SIGNING THIS CONSENT AND WAIVER, I ACKNOWLEDGE AND REPRESENT THAT: (i) I have read the foregoing Consent Waiver for full, adequate consideration fully intending to be bound by the same; (v) I am the parent/guardian of the minor(s) listed below, and I have full legal responsibility for said minor(s); and (vi) I have read and explained the provisions of this Consent and Waiver to said minor(s), including the risks of participating in the Activities and said minor's personal responsibility for adhering to the rules, regulations, protocols and guidelines for protection from and prevention of the Communicable Diseases.

IN WITNESS WHEREOF, I, the undersigned, hereby execute this Consent and Waiver, on behalf of the Participants, myself and

**Father's/Male Guardian Signature
(Required):** _____

**Mother's/Female Guardian Signature
(Required):** _____

Date (Required): _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Phone (Required): () - _____

**Relation to Minor Listed Below
(Required):** _____