

WAIVER AND DISCLAIMER RELATED TO COVID-19 AND CORONAVIRUS EXPOSURE

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while participating in or attending Bay Recreation Department activities and events, 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the City of Bay Village employees, volunteers, and other participants, attendees 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, related to or caused by, in any way, the coronavirus and COVID-19 and all related illnesses and diseases, that I, my family and my child(ren) may experience or incur in connection with my child(ren)'s attendance or participation in Bay Recreation Department activities or events ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City of Bay Village, and their employees, agents, elected representatives, and the Cahoon Memorial Park Trustees, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Bay Village and their employees, agents, elected representatives and the Cahoon Memorial Park Trustees, whether a COVID-19 infection occurs before, during, or after participation Bay Recreation Department activities or events. I have read this agreement and understand I may be waiving certain legal rights.

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Signature of Participant or Parent/Guardian

Date

Print Name

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Name of Participant if Minor