

# ATown Volleyball Academy

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## Assumption of the Risk and Waiver of Liability Relating to 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 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.

ATown has put in place preventative measures to reduce the spread of COVID-19; however, ATown cannot guarantee that you will not become infected with COVID-19.

Further, attending ATown could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending ATown programs 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 at ATown may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATown 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 myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at ATown or participation in ATown programming ("Claims").

I hereby release, covenant not to sue, discharge, and hold harmless ATown, its employees, agents, and representatives, 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 ATown, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ATown program.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Forehead Temperature \_\_\_\_\_ Date \_\_\_\_\_