

CENTRAL VERMONT MEMORIAL CIVIC CENTER

COVID-19 POLICIES AND GUIDELINES

WAIVER OF LIABILITY AND INDEMNIFICATION

All users and members of the same household MUST HAVE NO symptoms of respiratory illness (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, new loss of taste or smell) to enter or use the Central Vermont Memorial Civic Center (CVMCC). Any user or member of the same household, who becomes positive for the COVID19 illness or has been identified in contact tracing as having had contact with a person positive for the COVID19 illness must immediately notify CVMCC and self-isolate.

All users must be free of fever to enter or participate in any activity at CVMCC and users or parents of minor age children are expected to administer a temperature check prior to arrival at the rink. Any user with a fever over 100.4F shall remain at home and monitor for symptoms of respiratory illness.

All users and members of the same household must follow all Vermont State Guidelines regarding travel and quarantine restrictions. <https://accd.vermont.gov/news/update-new-work-safe-additions-be-smart-stay-safe-order>

I agree to comply with all CVMCC policies and guidelines, including but not limited to all CVMCC signage and instructions from staff. Ice hockey/broomball are contact sports and close contact is to be expected, I recognize that I am at higher risk of contracting and/or transmitting COVID-19. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the CVMCC, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, third parties, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, illness, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party, or otherwise, while participating in any activities while in, on, or around any facilities operated by CVMCC.

I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to participation in any activities while in, on, or around any facilities operated by CVMCC, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in participating in activities while in, on, or around any facilities operated by CVMCC before deciding whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and/or the legal guardian of a participating minor, and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Wavier of Liability shall be governed by and construed in accordance with Vermont law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Wavier of Liability as a whole.

Participant Name _____ Parent/Guardian Name _____

Signature _____

Date _____