



Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19 (CHILD)

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 (“COVID-19”) was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention (“CDC”) have stated that **“the best way to prevent illness is to avoid being exposed to this virus.”**

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to allow my child(ren) to participate in programs run by or at facilities owned or operated by Monroe County (“County”).

I acknowledge that County employees and contractors come in contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although the County takes precautions to reduce the likelihood of transmission of COVID-19 by its employees and contractors, the County cannot guarantee that my child(ren) will not become infected with COVID-19.

I knowingly acknowledge that by allowing my child(ren) to participate in these programs I am exposing my child(ren) and myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability and/or death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and/or failures to act of myself or others, including but not limited to County employees and contractors and other program participants and parents.

I agree to assume all of the foregoing risks, and accept personal 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 or nature that I may suffer arising out of or in connection with my child(ren) or myself becoming exposed to or infected by COVID-19 while my child(ren) is/are participating in any such program. On my own behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, and forever discharge Monroe County, its employees and contractors, agents and representatives of and from all liabilities, claims, actions, damages, costs or expenses of any nature (“Claims”) arising out of or in any way connected with my child(ren) or myself becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of County employees, contractors, agents and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any such program.

Parent or Guardian’s Signature

Parent or Guardian’s Printed Name

Date

Child(rens) Name(s) – first and last:

**MONROE COUNTY, FLORIDA
ACTIVITY PARTICIPATION FORM (for calendar year)**

PARTICIPANT INFORMATION

NAME: _____ DOB: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT

EMERGENCY CONTACT: _____ PHONE: _____

PLEASE DESCRIBE ANY SPECIAL MEDICAL NEEDS/CONDITIONS BELOW AND ON REVERSE SIDE

INDEMNITY AND RELEASE

I, the undersigned parent or legal guardian of the minor, whose name appears above, consent and agree that the above-named minor may participate in programs run by Monroe County or run at County facilities. The undersigned further agrees that Monroe County (the "County") and its officers, agents, representatives, volunteers and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of the above-named minor's participation in the activities.

The undersigned hereby authorizes Monroe County to call my physician and/or arrange for transportation to a hospital in the event of any injury to the minor child, although I understand that the County has no and assumes no responsibility to do so.

The undersigned parent/guardian, specifically WAIVES ANY CLAIM against the County and its officers, agents, representatives, volunteers and employees. The undersigned hereby RELEASES, DISCHARGES AND COVENANTS NOT TO SUE the County for any loss, injury or damage or death sustained by the above-named minor that arises out of participation in the County sponsored or provided activities, whether caused in whole or part by the negligence of the County or by the negligence of the officers, agents, representatives, volunteers, or employees of the County.

Further, the undersigned parent/guardian, agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS the County and its officers, agents, representatives, volunteers and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known damages, claims or actions arising from the above-named minor's participation in the activities.

The undersigned understands that the County is not responsible for damage to or loss of money or personal property arising during or before or after the minor child's participation in any activity.

This WAIVER, RELEASE and INDEMNITY shall continue notwithstanding any negligence or comparative negligence on the part of the County relating to any loss, injury or damage.

The undersigned parent/guardian, also agree that this Waiver and Release form shall be binding on my heirs, successors and assigns.

By signing below, the undersigned parent/guardian acknowledges that (he/she) has fully read, understood and agrees to each and every term contained in this Waiver and Release.

PARENT/GUARDIAN (Print)

SIGNATURE OF PARENT/GUARDIAN

DATE

WITNESS (Print)

WITNESS SIGNATURE

DATE