

Manhasset Afterschool Xperience, Inc.

C/o Munsey Park School

I acknowledge that I voluntarily seek the services provided by M.A.X. and acknowledge that I am increasing my and my child(ren's) risk of exposure to COVID-19. I voluntarily agree to assume all of the forgoing 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, that I or my child(ren) many experience or incur in connection with attendance at the M.A.X. program clinic or participation in the M.A.X. program clinic programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the M.A.X. program clinic, Manhasset Public Schools and the Board of Education (collectively for purposes of this release only "M.A.X."), 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 the TTL, its employees, agents, and representatives, whether a COVID-19 and any mutation thereof infection occurs before, during, or after participation in any TTL program(s).

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward:
Name of Parent/Guardian:
Parent/Guardian Signature:
Date Signed:
UNDERSTANDING OR RISK
I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.
Name of Child/Ward:
Signature of Child/Ward:
Date Signed: