

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

I _____ (Anderson Hills Swim & Tennis Club or "AHSTC" Member) understand that I am opting to visit and partake in AHSTC membership opportunities and privileges. I also understand that the novel coronavirus, COVID-19 ("COVID-19 or "virus") 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.

I am aware that AHSTC has put in place reasonable and acceptable preventative measures to reduce the spread of COVID-19; however, given the nature of the virus, I understand that there is an inherent risk of becoming infected with COVID-19 by my choice of coming to AHSTC and that AHSTC **cannot guarantee** that myself or my child(ren) will not become infected with COVID-19. Further, I acknowledge that **attending AHSTC could increase our** risk of contracting COVID-19.

Accordingly, I understand the contagious nature of COVID-19 and voluntarily assume the risk for myself, and my child(ren) under 18 ("Family") that may be exposed to or infected by COVID-19 by attending AHSTC and that such exposure or infection may result in a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications or personal injury, illness, permanent disability, and/or a risk of death (collectively "Risks"). I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the treatment/procedure/surgery itself.

I further understand that the risk of becoming exposed to or infected by COVID-19 at AHSTC may result regardless of the actions, omissions, or negligence of myself and others, including, but not limited to, AHSTC, its employees, agents, volunteers, officers, board members and program participants and/or their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my Family (including, but not limited to, the Risks identified above as well as any other damages, loss, claim, liability, or expense, of any kind, that may be experienced or incurred in connection with attendance at AHSTC at any time during the season or participation in AHSTC programming ("Claims"). On my behalf, and on behalf of my Family, I hereby release, covenant not to sue, discharge, and hold harmless AHSTC, its employees, volunteers, officers, agents, board members and representatives, of and from the Claims, including all liabilities, demands, actions, damages, costs or expenses of any kind, including attorney's fees, arising out of or relating thereto. I understand and agree that this release and assumption of risks includes any and Claims and Risks, whether a COVID-19 infection occurs before, during, or after the AHSTC season and/or participation in any AHSTC program.

Signature of AHSTC Member Parent/Guardian

Date

Print Name of Parent/Guardian

Name of AHSTC Member's Family