

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Lambertville Ramblers Football and Cheerleading athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

- An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof; and,

5. I hereby voluntarily agree to waive, hold harmless and indemnify The Lambertville Ramblers Football and Cheerleading Program, The City of Lambertville, The Township of West Amwell and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Child (Children) Name _____

DATE SIGNED: _____

Emergency Phone Number: (_____) _____

As parent/guardian I also acknowledge that my child (children) will be screened for symptoms of Covid-19 at home by a parent/guardian and I will not send my child(children) to practice or game if my child(children) have shown any of the following symptoms within 24 hours of the game or practice.

- | | | |
|--|---|--|
| <input type="radio"/> Fever greater than 100.4 | <input type="radio"/> Runny nose | <input type="radio"/> Nausea or vomiting |
| <input type="radio"/> Sore throat | <input type="radio"/> Cough | <input type="radio"/> Diarrhea |
| <input type="radio"/> Shortness of breath | <input type="radio"/> Weakness or malaise | <input type="radio"/> Headache |
| <input type="radio"/> New loss of taste or smell | | |

Parent/Guardian Signature _____

Child/Children Name _____

Date _____