



COVID-19 ASSUMPTION OF RISK WAIVER

NOTICE: This is a legally binding document. Please read it in its entirety before completing and signing. Members may not participate in any KING sponsored activities where there is contact with other non-family members without first completing and submitting this form.

COVID-19 WARNING

The Novel Corona Virus 2019 (COVID-19) is an extremely contagious virus that spreads easily person to person. COVID-19 infections have been confirmed throughout the United States, including Washington. Federal and state authorities recommend social distancing as well as wearing face coverings as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in King Aquatic Club (KING) sponsored programs and activities (e.g., swimming practice, dryland activities, other KING functions) could increase the risk of contracting COVID-19.

In anticipation of local pools opening again, KING is implementing as many precautions as possible to prevent the spread of COVID-19 during KING sponsored activities. Despite these precautions, KING in no way warrants or guarantees that KING members and their families will not be exposed to or contract COVID-19 through participation in KING programs and activities. Thus, KING strongly discourages swimmers who are at high risk or who have parents/guardians who are at high risk for severe illness from attending practice and participating in KING sponsored activities. For more information about who is at high risk for severe illnesses and how to prevent contracting and/or spreading COVID-19, please go to:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

AGREEMENT

By completing and signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my children and/or my family may be exposed to and infected with COVID-19 while participating in KING sponsored activities and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I also understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, KING's employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury resulting from exposure to COVID-19 (including, but not limited to, personal injury, disability, and/or death) to myself, my children and my family. I understand that any time a swimmer or parent feels like the risk is too great to the swimmer or swimmer's family, the swimmer and/or parent may decide to leave or not attend the KING sponsored activity.

Assumption of Risk COVID-19

I hereby release, covenant not to sue, discharge, and hold harmless KING and its employees, agents, and representatives, of and from any claims arising out of the my, my children and/or my family’s exposure to COVID-19, 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 KING and its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in KING sponsored activities.

The term “agents” and “representatives” is intended to include any private home owner(s) who provides their pool or property to King Aquatic swimmers or invited swimmers from another swim team.

Assumption of Risk

By attending a KING sponsored practice at a private homeowner(s) pool or property I hereby release the private home owner(s) from any legal liability (including, but not limited to, personal injury, disability, and/or death) to myself, my children and my family and voluntarily agree to assume all of the risks associated from participating in the KING sponsored practices or activities that may take place.

By signing this agreement, I also agree to ensure that I and my family understand and will follow all of the precautions put in place by KING and its host facility.

Signature of Non-Minor Member

Date Signed

A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE REMAINDER OF THIS FORM FOR MINOR MEMBERS OF KING:

Signature of Parent or Legal Guardian Completing Form

Date Signed

PARENT/GUARDIAN INFORMATION		
Name		
Address		
City	State	Zip

NAME(S) OF YOUR MINOR CHILD(REN) PARTICIPATING IN KING PROGRAMS		
First Name	Last Name	I am the (check one) of this minor: Parent ____ Legal Guardian ____
First Name	Last Name	I am the (check one) of this minor: Parent ____ Legal Guardian ____
First Name	Last Name	I am the (check one) of this minor: Parent ____ Legal Guardian ____
First Name	Last Name	I am the (check one) of this minor: Parent ____ Legal Guardian ____

Please scan and return the completed waiver to your coach prior to your first workout. If you do not have scanning capabilities have your swimmer bring it with them during their first practice. Any swimmer without a completed waiver will be unable to practice.