



## ASSUMPTION OF RISK AND WAIVER OF CLAIMS AND LIABILITY

COVID-19

*NOTICE: This is a legally binding document. Please read it in its entirety before completing and signing. Members may not participate in any Suburban Seahawks Club (“SSC”) sponsored activities 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 Pennsylvania. 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 SSC sponsored programs and activities, including, but not limited to, lap swimming, camps, clinics, swimming practice, dryland activities, meets, or any other SSC functions (collectively, the “SSC Activities”), could increase the risk of contracting COVID-19.

SSC is implementing as many procedures and precautions as possible to prevent the spread of COVID-19 during SSC Activities. Despite these precautions, SSC in no way warrants or guarantees that SSC members and their families will not be exposed to or contract COVID-19 through participation in SSC Activities. Thus, SSC strongly discourages swimmers who are at high risk or who have parents/guardians who are at high risk for severe illness from participating in SSC 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>.*

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 SSC 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, SSC’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 SSC Activity.***

***On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SSC 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 and all claims based on the actions, omissions, or negligence of SSC and its employees, agents, officers, directors and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SSC Activity.***

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

\_\_\_\_\_  
Signature of Non-Minor Member

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

Signature of Parent or Legal Guardian Completing Form Date Signed

NAME(S) OF YOUR MINOR CHILD(REN) PARTICIPATING IN SSC ACTIVITIES		
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
First Name	Last Name	I am the (check one) of this minor: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian