ASSUMPTION OF RISK COVID-19
SEPTEMBER 14th, 2020

NOTICE: This is a legally binding document. Please read it in its entirety before completing and signing. Members may not participate in any Aquajets-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 Minnesota. 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 Aquajets Swim Team (AQJT) sponsored programs and activities (e.g., swimming practice, dryland activities, other AQJT functions) could increase the risk of contracting COVID-19.

In anticipation of local pools opening again, AQJT is implementing precautions to prevent the spread of COVID-19 during AQJT sponsored activities. Despite these precautions, AQJT in no way represents, warrants or guarantees that AQJT members and their families will not be exposed to or contract COVID-19 through participation in AQJT programs and activities. Thus, AQJT strongly discourages swimmers who are at high risk or who have parents/guardians and other household members who are at high risk for severe illness from attending practice and participating in AQJT 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 AQJT 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, AQJT'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 AQJT sponsored activity.

I hereby release, covenant not to sue, discharge, and hold harmless AQJT and its employees, volunteers, agents, and representatives, of and from any claims arising out of 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 AQJT and its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in AQJT sponsored activities.

By signing this agreement, I also represent and warrant that I, along with all of the members of my family, have received, understand and agree that we will follow all of the precautions put in place by AQJT and its host facility.

_____ _____
Signature of Non-Minor Member Date Signed

PARENT/GUARDIAN OR NON-MINOR MEMBER INFORMATION		
NAME		
ADDRESS		
CITY	STATE	ZIP

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

_____ _____
Signature of Parent or Legal Guardian Completing Form Date Signed

NAME(S) OF YOUR MINOR CHILD(REN) PARTICIPATING IN THE AQUAJETS PROGRAM			
FIRST NAME	LAST NAME	(CIRCLE ONE) I AM THE:	
		PARENT	LEGAL GUARDIAN
FIRST NAME	LAST NAME	(CIRCLE ONE) I AM THE:	
		PARENT	LEGAL GUARDIAN
FIRST NAME	LAST NAME	(CIRCLE ONE) I AM THE:	
		PARENT	LEGAL GUARDIAN
FIRST NAME	LAST NAME	(CIRCLE ONE) I AM THE:	
		PARENT	LEGAL GUARDIAN
FIRST NAME	LAST NAME	(CIRCLE ONE) I AM THE:	
		PARENT	LEGAL GUARDIAN
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		PARENT	LEGAL GUARDIAN
FIRST NAME	LAST NAME	(CIRCLE ONE) I AM THE:	
		PARENT	LEGAL GUARDIAN