



ASSUMPTION OF RISK

COVID-19

NOTICE: This is a legally binding document.

Please read this document in its entirety before completing and signing. Members may not participate in any STAR 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 New York. 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 STAR Swimming sponsored programs and activities (e.g., swimming practice, dryland activities, other STAR functions) could increase the risk of contracting COVID-19.

In anticipation of local pools opening again, STAR is implementing as many precautions as possible to prevent the spread of Covid-19 during STAR sponsored activities. Despite these precautions, STAR in no way warrants or guarantees that STAR members and their families will not be exposed to, or contract, COVID-19 through participation in STAR programs and activities. Thus, STAR 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 STAR 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, or be infected with, COVID-19 while participating in STAR sponsored activities. I also acknowledge, by signing this agreement, 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, STAR'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 STAR sponsored activity.

Assumption of Risk - COVID-19

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

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 STAR and its host facility.

Signature of Non-Minor Member *Date Signed*

PARENT / GUARDIAN INFORMATION

Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____

NAME(S) OF YOUR MINOR CHILD(REN) PARTICIPATING IN STAR PROGRAMS

- 1) First Name _____ Last Name _____
I am the (check one) of this minor: Parent Legal Guardian

- 2) First Name _____ Last Name _____
I am the (check one) of this minor: Parent Legal Guardian

- 3) First Name _____ Last Name _____
I am the (check one) of this minor: Parent Legal Guardian

- 4) First Name _____ Last Name _____
I am the (check one) of this minor: Parent Legal Guardian

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