



## **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 VAST 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 Valley Aquatics (VAST) sponsored programs and activities (e.g., swimming practice, dryland activities, other VAST functions) could increase the risk of contracting COVID-19.

In anticipation of local pools opening again, VAST is implementing as many precautions as possible to prevent the spread of COVID-19 during VAST sponsored activities. Despite these precautions, VAST in no way warrants or guarantees that VAST members and their families will not be exposed to or contract COVID-19 through participation in VAST programs and activities. Thus, VAST 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 VAST 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 VAST 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, VAST'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 VAST sponsored activity.

## Assumption of Risk COVID-19

I hereby release, covenant not to sue, discharge, and hold harmless VAST and its employees, agents, host facilities 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 VAST and its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in VAST 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 VAST 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 VALLEY AQUATICS**

\_\_\_\_\_  
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 VAST 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 ____