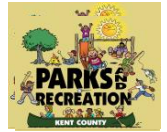




# County Commissioners of Kent County, MD Department of Parks & Recreation



## ACKNOWLEDGMENT OF RISK, RELEASE, WAIVER & HOLD HARMLESS AGREEMENT RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing to prevent the spread of Coronavirus/COVID-19. Contracting Coronavirus/COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Kent County Parks and Recreation (KCPR) has established and implemented new protocols and put in place preventative measures to help reduce the spread of COVID-19; however, KCPR cannot guarantee that participants of programs or activities, attendees, contractors, employees or others will not become infected with COVID-19. Participating in or attending any recreation program or activity, whether indoors or outdoors may increase the risk of contracting COVID-19.

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I hereby confirm that I (or my minor child/children) do not have an elevated temperature or otherwise exhibit any symptoms of COVID-19, am in good health and able to participate. I understand and confirm that should I (or my minor child/children) have an elevated temperature or otherwise exhibit symptoms of COVID-19, am not in good health or unable to participate when the program or activity is scheduled to begin, that I (or my minor child/children) will refrain from participating in or attending the program or activity.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and knowingly and voluntarily assume the risks that I (or my minor child/children) may be exposed to, or infected by COVID-19 by participating in or attending Kent County Parks and Recreation (KCPR) programs or activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risks of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others.

I knowingly and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (or my child/children) including, but not limited to, personal injury, illness, permanent disability, and death, damage, loss, claim, liability, or expense, of any kind, that I (or my minor child/children) may experience or incur in connection with my (or my minor child's/children's) participation in or attendance at a KCPR program or activity. On my behalf (or on behalf of my minor child/children), I hereby release, covenant not to sue, discharge, and hold harmless Kent County, Maryland, Advisory Board Members, and their respective elected/appointed officials, employees, agents, representatives, successors and assigns of and from any claims, 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 Kent County, Maryland, Advisory Board Members, and their respective elected/appointed officials, employees, agents, representatives, successors and assigns after participation in or attendance at any KCPR program or activity.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Printed Name of Participant/Attendee

\_\_\_\_\_  
FAC # (FOR STAFF USE ONLY)

\_\_\_\_\_  
Full Mailing Address (Street Name and Number of PO Box)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Printed Name of Parent/Guardian of Minor Participant/Attendee

\_\_\_\_\_  
Signature of Participant/Parent/Guardian of Minor Participant

\_\_\_\_\_  
Date