

COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events, and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware that participation includes potential risks to me exposure directly or indirectly arising out of, contributed to or by, or resulting from an outbreak of any communicable disease, including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]", which is responsible for Coronavirus Disease [COVID-19], and/or mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS City of Cartersville, Cartersville Parks and Recreation Department, and its officers, directors, officials, agents, employees, other participants, sponsors, advertisers, its member affiliates and, if applicable, owners and lessors of premises used to conduct any sponsored or sanctioned events ["Releasees"], from any and all claims, demands, losses, damages, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. Notwithstanding the risks associated with any communicable disease, including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]", which is responsible for Coronavirus Disease [COVID-19], and/or any mutation or variation thereof, which I readily acknowledge, I hereby willingly choose to participate and assume the risk of doing so.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player/Participant's Name	Player/Participant's Age	
X		
Player/Participant's Signature	Date	
FOR PARENTS/GUARDIANS OF PARTICIPANT O	F MINOR AGE [UNDER AGE 18 AT TIME OF RE	EGISTRATION]
This is to certify that I, as parent/guardian with leprovisions in this waiver to the participant, included responsibilities for adhering to the rules and regiparticipant and I understand and accept these riconsent and agree to his/her release as provided kin, I release and agree to indemnify and hold have the minor participant's involvement or participant NEGLIGENCE OF THE RELEASEES, to the fullest	ding the risks of presence and participation a ulations for protection against communicable isks and responsibilities. I, for myself, my spou I above of all the Releasees, and for myself, my armless the Releasees from any and all liability tion in these programs as provided above, EV	nd his/her personal e diseases. Furthermore, the lse, and the participant, do y heirs, assigns, and next of y arising out of or relating to
X		
Player/Participant's Name	Player/Participant's Age	
X		
Player/Participant's Signature	 Date	Emergency Number