



PARTICIPANT ASSUMPTION OF RISK, WAIVER AND RELEASE OF RECREATION ACTIVITY

I am eighteen years of age or older, fully competent and I desire to participate in the City of Lake Stevens sponsored recreation activity of _____.

OR

I/We am/are the parent(s) or legal guardian(s) of _____ (child's name), who desires to be a participant in the City of Lake Stevens sponsored recreational activity of _____.

I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in the City of Lake Stevens' sponsored activities and/or use of the City of Lake Stevens' facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Lake Stevens, its officials, employees, volunteers and agents and waive any right of recovery that I might have to bring a claim or lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity.

PARTICIPANT ASSUMPTION OF RISK AND WAIVER OF LIABILITY 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 physical distancing and have, in many locations, prohibited the congregation of groups and people.

The City of Lake Stevens has put in place preventative measures to reduce the spread of COVID-19; however, the City of Lake Stevens **cannot guarantee** that you, your children, or any other person, will not become infected with COVID-19. Further, attending City of Lake Stevens sponsored activities could increase your risk and your child or children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 by attending City of Lake Stevens activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at City of Lake Stevens activities may result from the actions, omissions, or negligence of myself and others, including but not limited to City of Lake Stevens employees, volunteers, and program participants and their families.

I am over the age of 18 years old and voluntarily agree to assume all of the foregoing risks, and other risks associated with my or my child's/children's participation, and accept sole responsibility for any injury to my child or children or myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my or my child's/ children's attendance at, or participation in, City of Lake Stevens activities or programming. On my behalf and on behalf of my child or children, I hereby release, covenant not to sue, discharge and hold harmless the City of Lake Stevens, its officials, employees, volunteers and agents of and from any and all 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 the City of Lake Stevens, its officials, employees, volunteers and agents, whether a COVID-19 infection occurs before, during, or after participation in any City of Lake Stevens program.

I authorize any necessary emergency medical treatment that might be required for myself, or my child/children, in the event of physical injury and/or accident to myself or the child/children while participating in this activity.

YES NO (Participant or Parent/Legal Guardian initials) _____

I hereby consent to allow my, or my child's/children's, picture or likeness to appear in any official document, City of Lake Stevens website or social media account, sponsor advertisement and/or City of Lake Stevens produced television coverage of City of Lake Stevens sponsored activity without compensation to me.

YES NO (Participant or Parent/Legal Guardian initials) _____

YES NO (Initial) _____ I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program/activity.

Signature of Participant or Parent/Legal Guardian

Date

Participant Printed Name _____

Address _____

Email _____

Phone _____