



Acknowledgement of Risks and Waiver of Liability Relating to Coronavirus/COVID-19 (ADULT)

I acknowledge that on or about March 11, 2020, Coronavirus Disease 2019 ("COVID-19") was declared a pandemic by the World Health Organization. The Centers for Disease Control and Prevention ("CDC") have stated that **"the best way to prevent illness is to avoid being exposed to this virus."**

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>.

I am aware of the contagious nature of COVID-19 and have voluntarily chosen to participate in programs operated by Monroe County or its program operators ("County") or operated at County facilities.

I acknowledge that County employees and contractors come in contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that although the County takes precautions to reduce the likelihood of transmission of COVID-19 by its employees and contractors, the County cannot guarantee that I will not become infected with COVID-19.

I knowingly acknowledge that by participating in County programs I am exposing myself to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability and/or death. I understand the risk of becoming exposed to or infected by COVID-19 may result from actions, negligence, and/or failures to act of myself or others, including but not limited to County employees and contractors and other program participants.

I agree to assume all of the foregoing risks, and accept personal responsibility for any injury to myself (including but not limited to personal injury, disability and death), illness, damage, loss, claim, liability or expense of any kind or nature that I may suffer arising out of becoming exposed to or infected by COVID-19 while I am participating in any such program. I hereby release, covenant not to sue, and forever discharge the County, its employees and contractors, agents and representatives of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") due to becoming exposed to or infected by COVID-19. I understand that this release includes any Claims based on the negligence, action, or inaction of any of County employees, contractors, agents and representatives, and covers bodily injury (including death) due to COVID-19, whether a COVID-19 infection occurs before, during or after participation in any County program.

Participant's Signature

Participant's Printed Name

Date

Release, Waiver and Indemnification Agreement

Activity: **All Sports Activities at facilities owned by Monroe County**

****READ BEFORE SIGNING ****

I, the undersigned, agree that Monroe County, Florida (the "County") and its officers, agents and employees shall not be held liable for injuries, death or other loss which may occur as a result of my participation in the above described activity, and that the undersigned voluntarily assumes the risk of any loss, injury or death to person or loss or damage to property, which in any way arises out of participation in said activity. Further, the undersigned WAIVES ANY CLAIM against the County and its officers, agents and employees arising from loss, injury, death or damage and does COVENANT NOT TO SUE the County and its officers, agents and employees. Further, the undersigned agrees to RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS the County and its officers, agents and employees from any and all claims, actions, demands, rights, judgments liability or expenses arising from or by reason of any and all know or unknown damages, claims or actions arising from participation in the above-described activity. This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the County relating to such loss, injury, or damage. I hereby give permission for the County and its officers, agents and employees to call my physician and or to arrange for transportation to a hospital in the event of any injury, although I understand that the County and its officers, agents and employees assume no responsibility to do so. I hereby agree that this Release form shall be binding on my heirs, successors and assigns. The undersigned has fully read, understood and agrees to each term contained in this Release, Waiver and Indemnification Agreement.

Name (print) _____

Current Home Address _____

Zip Code _____ Home Phone _____ Other Phone _____

Relationship to Participant if not self _____

Emergency Contact _____ Phone _____

Email _____

Signature of Participant _____ (Date)

Other Signature (Guardian) _____ (Date)