

INDEPENDENCE TOWNSHIP, NJ

COVID-19

FACILITIES USAGE and PARTICIPANT RELEASE AGREEMENT

Every group, organization or entity that requests the use of facilities **and** every individual who registers themselves or their child for participation in a Township-run sport/activity must read, complete and submit the following release:

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. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. **Independence Township** has put in place preventative measures to reduce the spread of COVID-19. However, **Independence Township** cannot guarantee that I/We or anyone else will not become infected with COVID-19, including my spouse, guests, unborn child or relatives. Participation in an **Independence Township** sponsored athletic sports program(s), related activity or event or using **Independence Township** facilities, could increase the risk of contracting COVID-19. By signing this agreement I/We acknowledge the contagious nature of COVID-19 and VOLUNTARILY assume the risk that I/We may be exposed to or infected by COVID-19 by participating in an **Independence Township** athletic sports program(s), related activity or event or by the use of **Independence Township** facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, or others, including but not limited to, **Independence Township** employees, volunteers and program participants. I/We understand and voluntarily accept and assume all the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I/We understand and agree that this release includes any Claims based on the actions, omissions, or negligence of **Independence Township**, its employees, agents, officers, volunteers and assigns, whether a COVID-19 infection occurs before, during, or after participation in any **Independence Township** athletic sports program(s), related event or activity or by the use of facilities.

On behalf of (name of **organization** or **participant(s) / child(ren)**) PLEASE LIST ALL BELOW:

I (your name)_____ have read and agree to the terms of this release.

Signature_____ Date_____

