

Members Family Name : _____ Membership # _____

West Nyack Swim Club Covid-19 Waiver

1A. **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. West Nyack Swim Club has put in place preventative measures to reduce the spread of COVID-19; however, WNSC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending WNSC grounds or events will increase your risk and your child(ren)'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(ren) and I may be exposed to or infected by COVID-19 by attending WNSC grounds or events 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 WNSC grounds or events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, WNSC employees, volunteers, vendors and club participants and their families. Further, I attest that my child(ren) are healthy now and will be monitored by me, a parent, or a guardian before attending all WNSC grounds or events each day and I will hold her/him out if any such symptoms arise. A health monitorization or check ensures and confirms that your child(ren) has not had these symptoms for 48 hours prior to each WNSC visit or event: fever, abnormal cough of any kind, shortness of breath, body aches, sore throat, or loss of taste & smell. I attest that I and my child(ren) have not knowingly been in close contact with anyone who is known to have or be symptomatic of the Covid-19 virus and has not traveled outside the US or been in contact with anyone who has traveled outside the US in the last 14 days.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or me (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance on any WNSC grounds or events that WNSC or participation in WNSC programming ("Claims"). On my behalf, my spouse, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless WNSC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the above -

described risks associated with exposure to the novel coronavirus, COVID-19. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of WNSC, its employees, agents, vendors and representatives, whether a COVID-19 infection occurs before, during, or after participation on any WNSC grounds.

Severability: Should a court of law determine my part of this waiver to be invalid, illegal, or unenforceable, it shall not affect the enforceability of any other provisions in this agreement or void the document in its entirety.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY CAREFULLY. I UNDERSTAND THESE POLICIES AND I AM SIGNING IT VOLUNTARILY. I UNDERSTAND MY AND MY CHILD(REN'S) PERSONAL RESPONSIBILITIES TO ABIDE BY THE TERMS AND CONDITIONS OF THIS DOCUMENT, THAT I AM WAIVING CERTAIN RIGHTS UNDER THE LAW, AND THAT I HAVE BEEN ADVISED TO REVIEW THIS WITH AN ATTORNEY BEFORE SIGNING.

I certify that as parent/guardian of the family participating at the West Nyack Swim Club grounds and events, I consent to his/her agreement to be bound by each of the terms and conditions in this waiver and release. I also certify that I and my family are bound by each of the terms and conditions in this waiver and release.

Print Name of Parent/Guardian/Grandparent

Print Name of Parent/Guardian/Grandparent

Signature of Parent/Guardian/Grandparent

Signature of Parent/Guardian/Grandparent

Date

Date

Print Name of Parent/Guardian/Grandparent

Print Name of Parent/Guardian/Grandparent

Signature of Parent/Guardian/Grandparent

Signature of Parent/Guardian/Grandparent

Date

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Signature of Parent/Guardian/Grandparent

Signature of Parent/Guardian/Grandparent

Date

Date

Name(s) of Children: _____