

## **COVID-19 WAIVER AND RELEASE OF LIABILITY**

PLEASE CAREFULLY READ ENTIRE DOCUMENT BEFORE LEGIBLY FILLING IN ALL INFORMATION FIELDS AND SIGNING.

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 HAVE RECOMMENDED SOCIAL DISTANCING AND PLACED LIMITATIONS ON LARGE GROUPS OF PEOPLE. THE WILMINGTON BLUE ROCKS (BLUE ROCKS) HAVE INSTITUTED PREVENTATIVE MEASURES TO REDUCE THE SPREAD OF COVID-19; HOWEVER, THE BLUE ROCKS CANNOT GUARANTEE THAT YOU OR YOUR CHILD WILL NOT BECOME INFECTED WITH COVID-19. PARTICIPATING IN BLUE ROCKS CAMPS, CLINICS AND/OR EVENTS COULD INCREASE THE RISK OF YOU AND/OR YOUR CHILD CONTRACTING COVID-19. YOU UNDERSTAND THAT GOVERNMENTAL BODIES HAVE IMPOSED RESTRICTIONS AND YOU AGREE TO ABIDE BY ALL APPLICABLE LAWS, REGULATIONS, AND GUIDELINES ISSUED BY THE BLUE ROCKS. YOU UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO TAKE APPROPRIATE PRECAUTIONS TO PREVENT THE SPREAD AND REDUCE THE CHANCE OF EXPOSURE OF COVID-19 TO INCLUDE:

- HAND WASHING OR USE ALCOHOL-BASED HAND SANITIZER BEFORE, DURING AND AFTER ATTENDANCE AT BLUE ROCKS CAMPS, CLINICS AND/OR EVENTS.
- CLEANING AND SANITIZING YOUR CHILD'S EQUIPMENT BEFORE AND AFTER PARTICIPATION AT A BLUE ROCKS CAMP, CLINIC AND/OR EVENT.
- WEARING FACE COVERING OR MASKS.
- MAINTAINING A DISTANCE OF SIX (6) FEET FROM OTHERS AND ENGAGING IN NO UNNECESSARY PHYSICAL CONTACT (FOR EXAMPLE, NO SHAKING HANDS OR HUGS) WITH OTHER PARTICIPANTS OR THEIR GUESTS.
- DO NOT ATTEND ANY BLUE ROCKS CAMPS, CLINICS AND/OR EVENTS IF YOU OR YOUR CHILD HAS A FEVER, COUGH OR DIFFICULTY BREATHING.

PLEASE NOTIFY BLUE ROCKS PERSONNEL IF YOU BELIEVE YOUR CHILD HAS BEEN EXPOSED TO COVID-19 OR IF HE/SHE TESTS POSITIVE AFTER BEING AROUND OTHER PARTICIPANTS.

BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT YOUR CHILD MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY PARTICIPATING AT BLUE ROCKS CAMPS, CLINICS AND/OR EVENTS, DESPITE TAKING ALL POSSIBLE PRECAUTIONS, AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND/OR DEATH. FOR THE CONSIDERATION OF HAVING YOUR CHILD PARTICIPATE AT BLUE ROCKS CAMPS, CLINICS AND/OR EVENTS, AND IN ACKNOWLEDGING THAT YOU ARE AWARE OF AND WILLING TO ASSUME THE RISKS OF YOUR CHILD CONTRACTING COVID-19 ASSOCIATED WITH THIS ACTIVITY, SHOULD YOU OR YOUR CHILD CONTRACT COVID-19 YOU HEREBY VOLUNTARILY AGREE TO WAIVE, HOLD HARMLESS, INDEMNIFY AND DEFEND THE WILMINGTON BLUE ROCKS, AND THEIR AGENTS, PARTNERS, STAFF, VOLUNTEERS, SPONSORS, AND REPRESENTATIVES FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES AND CAUSES OF ACTION OF ANY NATURE WHATSOEVER ARISING OUT OF ANY ACT, OMISSION OR NEGLIGENCE OF ANYONE WHICH YOU, YOUR HEIRS, ASSIGNS OR SUCCESSORS MAY HAVE AGAINST THEM ON ACCOUNT OF, OR BY PARTICIPATING IN BLUE ROCKS CAMPS, CLINICS AND/OR EVENT.

THIS IS TO CERTIFY THAT YOU, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE CHILD PARTICIPANT IDENTIFIED BELOW, HAVE READ, UNDERSTAND AND EXPLAINED THE PROVISIONS IN THIS WAIVER/RELEASE TO YOUR CHILD INCLUDING THE RISKS OF THE ACTIVITY AND HIS/HER RESPONSIBILITIES FOR ADHERING TO THE RULES AND REGULATIONS. FURTHERMORE, YOUR CHILD UNDERSTANDS AND ACCEPTS THESE RISKS AND RESPONSIBILITIES. THIS AGREEMENT APPLIES TO YOU, YOUR FAMILY AND YOUR CHILD PARTICIPANT.

I HAVE READ THIS COVID-19 AGREEMENT, WAIVER AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

GUARDIAN NAME:	PARTICIPANT'S NAME:	
GUARDIAN SIGNATURE:	DATE SIGNED:	
EMERGENCY PHONE NUMBER: ()	-	