

ACKNOWLEDGEMENT OF RISKS AND RELEASE/WAIVER OF LIABILITY RELATED TO COVID-19

NOTICE: This is an Acknowledgement of Risks and Release/Waiver of Liability Related to COVID-19 (hereinafter referred to as "Acknowledgement"). Once signed, this Acknowledgement will apply to any and all matters related to the activities mentioned on the accompanying Release, Assumption of Risk, Indemnity, and Waiver of Liability ("Activity"). This Acknowledgement is intended to be a legally binding document, and when signed has legal consequences for the signor and any minor children identified below. Please read this carefully before signing.

I, the adult identified below ("Releasor"), acknowledge that as of March 2020, Coronavirus Disease 2019 ("COVID-19") was declared a worldwide pandemic by the World Health Organization and that the Centers for Disease Control and Prevention ("CDC") has stated that **"the best way to prevent illness is to avoid being exposed to the virus."** Additional information on the CDC guidelines related to COVID-19 may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

I acknowledge that Broward County ("County") will not provide masks for me or my child(ren) and I will be solely responsible for providing mask(s) daily. I understand that I or my child(ren) will not be allowed to participate in County programming without wearing a mask.

I acknowledge that County employees come into contact with multiple individuals and might become exposed to COVID-19. I also acknowledge that County has established certain protocols to reduce the spread of COVID-19, however, the County cannot guarantee that I or my child(ren) will not become infected with COVID-19. Further, attending any program may increase my or my child(ren)s risk of contracting COVID-19.

By signing this agreement, I knowingly acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposing myself and my child(ren) to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, negligence and failures to act of myself and others, including, but not limited to County and/or its past, present, and future officers, agents, employees, and volunteers (referred herein as "Releasees") whether a COVID-19 infection occurs before, during, or after my or my child(ren)'s participation in County activities.

Releasor, both individually and on behalf of the minors identified below, hereby releases, waives, discharges, and covenants not to sue Broward County and/or its past, present, and future officers, agents, employees, and volunteers (collectively referred herein as "Releasees") for any and all liability, claims, or damages that may be sustained by Releasor or the minor children identified below, arising out of or relating to potential exposure to COVID-19 from participation in the Activity, including, without limitation, claims for personal or bodily injury, property damage, or economic and non-economic losses, even if any of the foregoing are caused in whole or in part by negligence of the Releasees. Further, Releasor hereby agrees to defend and indemnify Releasees for any claims, injuries, or damages of any kind or nature (including, without limitation, attorneys' fees) asserted against Releasees by a third party that arise from or relate to exposure to COVID-19 as a result of or relating to participation in the Activity by Releasor and/or the minor child(ren) identified below. Releasor expressly acknowledges that Releasor has read the NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN contained in the attached Release form and agrees that such document in its entirety is incorporated by reference herein.

The undersigned affirms that he or she is at least 18 years old, has authority to execute this Acknowledgement, has read, understands, and agrees to the terms contained herein, and hereby knowingly, freely, and voluntarily signs this Acknowledgement.

Print Name: _____ Relation to Minor(s): _____

Signature: _____ Date: _____

Name(s) of Minor(s) Participating: _____