COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Participant's Name_____Birthdate_____

Street Address_____City_____Zip_____

Parent/Guardian's Name_____Emergency Phone (_____)_____

Parent/Guardian's Name_____Emergency Phone (_____)_____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

FOR PARENTS/GUARDIANS OF PARTICIPANT UNDER AGE 18 (MINOR) AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ST. WALTER- ST. BENEDICT ATHLETIC CLUB, its AFFILIATED LEAGUES AND CLUBS, its directors, officers, officials, agents and/or employees, associated personnel, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

X_____
Signature of Parent/Guardian for Participant under age 18 Date

X_____
Signature of Parent/Guardian for Participant under age 18 Date