

## Release of Liability for Minor Participants

Read before signing

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward (“my child”), being allowed to participate in any way in the City of Charleston, Department of Recreation program; tournament travel, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS “RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and,
4. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
 (PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

### Assumption of the Risk and Waiver of Liability Relating to Coronavirus/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 be spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**The City of Charleston Department of Recreation** has put in place preventative measures to reduce the spread of COVID-19; however, The City of Charleston Department of Recreation **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending City of Charleston Department of Recreation programming could increase** your risk and your child(ren)’s risk of contracting COVID-19.

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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 City of Charleston Department of Recreation program 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 City of Charleston Department of Recreation programming may result from actions, omissions, or negligence of myself and others, including, but not limited to, City of Charleston Department of Recreation employees, volunteers, and program participants and their families.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 continued**

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (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 or participation in City of Charleston Department of Recreation programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City of Charleston Department of Recreation, its employees, agents and the representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of and related thereto. I understand and agree that this release includes any Claims based on actions, omissions, or negligence of the City of Charleston Department of Recreation, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City of Charleston Department of Recreation program.

X \_\_\_\_\_ (PARENT/GUARDIAN SIGNATURE)      \_\_\_\_\_ (PRINTED NAME)      \_\_\_\_\_ DATE SIGNED

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X \_\_\_\_\_ (PARENT/GUARDIAN SIGNATURE)      \_\_\_\_\_ (PRINTED NAME)      \_\_\_\_\_ DATE SIGNED

**IMAGE RELEASE**

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the City of Charleston, Department of Recreation Program, related events and activities, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

X \_\_\_\_\_ (PARENT/GUARDIAN SIGNATURE)      \_\_\_\_\_ (PRINTED NAME)      \_\_\_\_\_ DATE SIGNED

**INSURANCE INFORMATION**

All participants must register and have insurance before practicing and playing games.

\_\_\_\_\_ I have my own accident insurance coverage with \_\_\_\_\_

\_\_\_\_\_, I, the undersigned, do hereby give approval for my child to play in the above sport. I also acknowledge that the City of Charleston Recreation Department will issue no refunds if you choose to not have registrant participate before or during the season for whatever the cause. I also agree to be responsible for any uniform or equipment issued to registrant and will return in a timely manner. I understand failure to do so will result in financial responsibility to replace such items.