

AHWATUKEE BOARD OF DIRECTOR COMMUNITY SWIM, TENNIS AND EVENT CENTER
CORONAVIRUS / COVID-19 ASSUMPTION OF RISK AND WAIVER OF LIABILITY

The Coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, federal, state and local governments and health agencies recommend social distancing and have placed restrictions on the congregation of large groups of people.

Ahwatukee Board of Management's Community Swim, Tennis & Event Center have developed preventative measures in attempting to reduce the spread of COVID-19. However ABM cannot guarantee that you or your child(ren) will not become infected with COVID-19 while on our premises. Further, your presence on ABM's property and facilities could increase your and your child(ren)'s risk of contracting COVID-19.

Therefore, your signature on this agreement acknowledges the following:

___(initial) That I assume the risk that my child(ren) and I may be exposed to or become infected by COVID-19 while on ABM's premises.

___(initial) That such exposure or infection may result in personal injury, illness, permanent disability, and death.

___(initial) That I understand that the risk of becoming exposed to or infected by COVID-19 at ABM facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ABM employees, volunteers, contractors, and program participants and their families.

___(initial) That I voluntarily agree to assume all 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 at ABM facilities or participation in ABM programs.

___(initial) That I hereby release and hold harmless ABM, its employees, agents, and representatives, of and from all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, whether caused by the negligence of ABM or any third party using ABM facilities.

___(initial) That I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ABM, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ABM program.

Signature of Parent/Guardian/Participant

Date

Print Name of Parent/Guardian/Participant

Print Name of Child Participating