

**AAFSC 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 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 Ann Arbor Figure Skating Club (“the Club”) has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attendance and/or participation in activities at the Club could increase your risk and your child(ren)’s risk of contracting COVID-19.

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 the Club 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 the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, coaches, contractors, volunteers, and program participants and their families.

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, illness, disability, and death, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur as a result of possible exposure to or infection from COVID-19 in connection with my child(ren)’s attendance at the Club or participation in Club programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its manager, directors, officers, employees, contractors, coaches, volunteers, agents, representatives, program participants and their families, heirs, representatives, predecessors, successors and assigns, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its manager, directors, officers, employees, contractors, coaches, agents, representatives, program participants and their families, heirs, representatives, predecessors, successors and assigns, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

I acknowledge that I have signed a separate general waiver of liability connected to my participation at the Club and I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

By signing this waiver, I also agree to:

- Abide by the hygiene rules established by the Club
- Abide by the safe distancing rules established by the Club as recommended by federal and state health agencies
- Report symptoms, suspected or confirmed infection, or suspected exposure, and to allow sharing of that with teammates as part of contact tracing

Signature _____ Print Name, _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to attend or participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence that the minor may experience or incur as a result of possible exposure to or infection from COVID-19, which are brought by or on behalf of the minor or are in any way connected with such attendance or participation by the minor in an activity at the Cube.

Parent or Guardian _____ Print Name _____ Date. _____

PLEASE NOTE: ALL above signatures and information are required.