



**WAIVER/RELEASE FOR COMMUNICABLE DISEASES  
INCLUDING COVID-19  
FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY**

With my signature below, I acknowledge that COVID-19, the illness caused by the “novel coronavirus”, is an extremely contagious virus that spreads easily through the air by coughing or sneezing, person-to-person contact including touching and shaking hands or through touching your nose, mouth or eyes before washing your hands. The World Health Organization (WHO), The Center for Disease Control (CDC), and additional Federal, State and local health agencies recommend social distancing as one of the means to limit or slow the spread of the virus. Complications of COVID-19 may include severe illness, long term or permanent disabilities, worsening of existing chronic medical conditions or death. I understand that participating in the Town of Davidson programs could increase the risk of contracting COVID-19. I understand and agree that the Town of Davidson makes no representations whatsoever that COVID-19 exposure or infection will not occur through participation in Town programs or accessing Town facilities.

As parent/guardian of the minor child that I am registering for this Town program, on behalf of myself and the minor child, as partial consideration for the Town’s providing the program for the minor child, I fully and unconditionally release and forever discharge and covenant to hold harmless the Town of Davidson, and all of its past, present, and future officers, directors, shareholders, employees, agents, representatives, insurers, predecessors, and successors from any and all claims, actions, causes of action, suits at law or in equity, demands, judgments, damages, and controversies that I or the minor child now have or ever has had or ever will have, whether known or unknown, whether now accrued or hereafter maturing or accruing, whether for personal injury, property damage, or other economic loss, emotional distress, punitive damages, or otherwise on account of, connected with, or growing out of myself or the minor child contracting COVID-19 or being exposed to COVID-19 as a result of the minor child’s participation in the Town program or our accessing the Town facilities.

*Parent/Guardian Signature:*

*Parent :1* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent 2:* \_\_\_\_\_ *Date:* \_\_\_\_\_