

**RELEASE OF LIABILITY RELATED TO COVID-19**  
**READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

BY SIGNING BELOW I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH COVID-19, INCLUDING WITHOUT LIMITATION, RELATED EXPOSURE, CONTAMINATION, AND INFECTION IN CONNECTION WITH ANY/ALL RECREATION AND TOURNAMENT ACTIVITIES (“Activities”) WITHIN ENOCH CITY RECREATIONAL FACILITIES (“Recreational Facilities”) AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE FOLLOWING ENTITIES OR PERSONS FOR ALL CLAIMS OF LIABILITY ARISING OUT OF OR RELATED TO COVID-19 IN CONSIDERATION FOR BEING PERMITTED TO USE AND TO ACCESS THE RECREATIONAL FACILITIES OF ENOCH CITY; and any of its Declarants, Agents, Owners Directors, Officers, Employees, Volunteers, Vendors, Representatives or Participants (hereinafter the “Releasees”).

**Risks:** I acknowledge that access to and use of the Recreational Facilities may not be supervised and that use of the Recreational Facilities and participation in the Activities may carry with it the potential of death, serious bodily injury, illness, disease, mental anguish, and property loss or damage. Any risks may include, but are not limited to exposure to unsanitary, viral, bacterial or other conditions conducive to contracting or spreading COVID-19 and exposure to actions, negligence, or carelessness of the Releasees and other users of the common amenities. To further protect all Releasees and other users of the Recreational Facilities, I certify that to the best of my knowledge that the individuals identified herein are free of any condition that might create undue risk in me/us or others.

**Parent / Guardian Certification:** I hereby certify and warrant that I am the adult parent or legal guardian of the minor child/children identified herein, and I consent to his/her/their participation in the Activities and use of the Recreational Facilities. I understand and acknowledge that I am fully aware of and assume the risks of said minor child’s /children’s participation in the Activities and use of the Recreational Facilities. I recognize my responsibility to ensure that said minor child/children does/ do not have any medical condition that might create undue risk for themselves or others. I understand that the Releasees shall have no responsibility to pay for damages, injury, medical treatment and/ or any COVID-19 related costs or damages if said minor child/children are injured or harmed in any way arising out of the Activities.

**Assumption of Risk:** In consideration for permitting me and/or the minor child identified herein to participate in any of the Activities and use of the Recreational Facilities, and knowing the risks, which are not limited to those described above, I agree, personally and on behalf of the minor child/children named or referenced herein, to assume all of the risks and responsibilities surrounding my and the minor child’s/ children’s names participation in the Activities and use of the Recreational Facilities. To the fullest extent allowed by law, I waive, release, hold harmless and agree to indemnify the Releasees, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which I or said minor child/children may suffer, related to my or said minor child’s participation in the Activities and use of the Recreational facilities resulting from or arising out of COVID -19, regardless of fault. This

agreement shall bind my heirs, executors, assigns, legal representatives or any other person who may assert the released claims.

**Certification or Consent:** I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND IT AND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT FOR A FULL RELEASE OF LEGAL LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Releasing Party Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant Name (age)

\_\_\_\_\_  
Address of Association Residence

\_\_\_\_\_  
Minor Participant Name (age)

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
Minor Participant Name (age)

\_\_\_\_\_  
Minor Participant Name (age)

**PLEASE KEEP A COPY OF THE EXECUTED DOCUMENT ON YOUR CELL PHONE TO SHOW ASSOCIATION MANAGEMENT.**