

User Waiver

COVID – 19

I am aware of the highly contagious nature of the 2019 novel coronavirus disease (COVID-19) and the risk that I, my child/ward, and others in my care may be exposed to or contract COVID - 19 by being on or within facilities owned and/or operated by the Town and/or engaging in the Program or facilities use. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, disability, death or property damage. I acknowledge that the risk may result from being compounded by the actions, omissions, or negligence of others, including Town employees and/or contractors. I understand that while the Town has implemented preventative measures to reduce the spread of COVID -19, the Town cannot guarantee that I, my child/ward, and others in my care will not become infected with COVID – 19 while on the premises or participating in Programs that being on the premises and participating in the Program may increase my risk of contracting COVID-19.

- I agree not to enter, the premises if I am or my child/ward, or others in my care are:
 - experiencing symptoms of COVID – 19 (including cough, shortness of breath, headache, fever, sore throat, diarrhea and/or vomiting), have a confirmed or suspected case of COVID – 19, or have come in contact in the last fourteen (14) days with a person who has been confirmed or suspected of COVID - 19

Please print your name: _____

Phone #: _____ **Cell #:** _____

Email Address: _____

Mailing Address: _____

Signature: _____

Date: _____