

**CITY OF OBERLIN**  
**Recreation Office Program**  
**- Waiver of Liability -**

Given the COVID-19 environment, the City of Oberlin Recreation Office is requiring all students participating in programming to adhere to the following safety guidelines and provide the below information in order to reduce the risk or spread of infection. Parent(s) or guardians must acknowledge the following statements to participate in City of Oberlin Recreation Office sponsored programs.

\* \* \* \* \*

The following activities and program(s) offered by City of Oberlin Recreation, on-site, will be using this waiver. If your student is involved in more than one of the following programs, you need only complete the form once. (Please check all that apply to your child)

- After School Enrichment Program
- Youth Basketball League
- Youth Wrestling
- Playground Experience Summer Camp
- Open Gym Program
- Hoop Camp

\* \* \* \* \*

**PLEASE INITIAL NEXT TO EACH STATEMENT.**

I am providing the following information on behalf of \_\_\_\_\_ (student name)

\_\_\_\_ My student has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student has come into contact with someone with COVID-19, I agree to **immediately notify City of Oberlin Recreation staff and keep my student at home.**

\_\_\_\_ My student is not currently experiencing a fever over 100, difficulty breathing, sore throat, cough, loss of taste, or headache. At any point in the future, if my student has any of these symptoms, **I will notify City of Oberlin Recreation staff immediately.** I agree to not allow my student to participate in any recreation programming with these symptoms and will wait at least seven (7) days after symptoms have subsided to return to City Recreation program and or provide City Recreation with a COVID-19 negative test confirmation if asked.

\_\_\_\_ My student has not had any of the following symptoms in the last 14 days: *fever greater than 100 degrees, difficulty breathing, sore throat, cough, loss of taste, or headache.*

If your student has any of the following underlying health conditions or your student lives with someone with these conditions, it is recommended that they do not take part in this summer program:

- Chronic heart disease
- Chronic lung disease
- Chronic kidney disease
- Moderate to severe asthma
- Obesity
- Diabetes
- Reside with a family member with high-risk underlying conditions
- Other underlying conditions

I have read the information and answered the questions above to the best of my ability. I agree to continue to adhere to the above safety guidelines as long as my student participates in City Recreation programs.

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CHECK THEIR STUDENT PRIOR TO ATTENDING CITY OF OBERLIN RECREATION PROGRAM(S), FOR SYMPTOMS OF COVID-19. RECREATION STAFF WILL MONITOR STUDENTS DURING PROGRAMMING FOR SYMPTOMS.

### **Assumption of Risk and Waiver of Liability Relating to 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. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

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 City of Oberlin Recreation programming and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at City of Oberlin Recreation programming may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Oberlin Recreation employees, contractors, volunteers, and program participants and their families.

I understand and agree that participant in the City of Oberlin Recreation Office program(s) may be photographed and/or videotaped for promotion of City of Oberlin programs and waive any rights of compensation or ownership thereto.

In consideration of being permitted to participate in the City of Oberlin Recreation Office program(s) I acknowledge that participation may involve inherent risks and dangers and I do hereby agree to assume all risks attendant to such participation. I, for myself, my ward, heirs, executors, administrators and assigns, do hereby release the City of Oberlin, Ohio, (which together with its appointed and elected officials, boards, committees, employees, principals, agents, insurers, attorneys, officers, directors, predecessors, subsidiaries, affiliates, representatives, successors and assigns in both their official and personal capacities, are herein referred to as the "City") from any and all liability, claims, suits, demands or causes of action which may arise from my participation in the City of Oberlin Recreation Office program(s). I do further agree to indemnify, defend and hold harmless the City, from and against any claims of any kind whatsoever or of any nature for the injury, disability or death to the person(s). This Agreement shall be considered a complete and total waiver of any and all claims that the undersigned may have by reason of participation in the City of Oberlin Recreation Office program(s). This Agreement is intended to be as broad and inclusive as permitted by law. In the event that any clause or provision of this Agreement is deemed to be invalid, the enforceability of the remaining provisions of this Agreement shall not be affected.

If participant is a minor (under the age of 18), a parent or legal guardian must sign this form.

Please complete this form separately for each student participating in the City of Oberlin Recreation Office program(s). (Information is for administrative convenience only)

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent Phone \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Students Age \_\_\_\_\_ Students Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_