

# Clayton County Athletics COVID-19 Waiver

## Assumption of 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 physical distancing and have, in many locations, prohibited the congregation of groups and people.

**Clayton County** has put in place preventative measures to reduce the spread of COVID-19; however, the County **cannot guarantee** that you, or your children, or any other person, will not become infected with COVID-19. Further, attending **Clayton County** sponsored activities could increase your risk and/or your child's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, or my child or children may be exposed to or infected by COVID-19 by attending **Clayton County** activities 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 **Clayton County** activities may result from the actions, omissions, or negligence of myself and others, including but not limited to **Clayton County** employees, 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 myself, my child or children, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense or any kind, that I or my child or children may experience or incur in connection with my, my child's or children's attendance at **Clayton County** activities or programming. On my behalf and/or on behalf of my child or children, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the **Clayton County**, its employees, agents, and representatives, of and from any and all 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 **Clayton County**, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any **Clayton County** program.

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Signature of adult participant / Parent / Guardian

Date

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Print Name of adult participant / Parent / Guardian

Child's name (if attending)

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(Additional space for children as needed)

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Relationship to the child