



COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

I am aware there are risks to the participant of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, on behalf of the participant my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS NJ YOUTH SOCCER, Hopewell Valley Soccer Association and Next Level Soccer Training Academy**, their respective officers, officials, volunteers, directors, owners, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (collectively **RELEASEES**), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Name _____ Age _____ Date _____

X _____
Participant's Signature (if age 18 or older)

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Name of Parent/Guardian Signing this Form: _____

X _____
Parent/Guardian Signature _____ Date _____ Emergency Phone Number(s) _____



COVID-19 ACKNOWLEDGMENT FORM FOR HOPEWELL TOWNSHIP DEPARTMENT OF RECREATION

BACKGROUND

HOPEWELL TOWNSHIP and the HOPEWELL TOWNSHIP DEPARTMENT OF RECREATION offer the public the option to participate in or attend indoor and outdoor physical, social and educational programs/activities (“Recreation Programs”) held on HOPEWELL TOWNSHIP property and other public and semi-public places accessible to large numbers of people on a daily basis.

Due to the COVID-19 pandemic, individuals age 18 or older who wish to enroll themselves, their child or other dependent family member into a Recreation Program, or who seek to volunteer in a Recreation Program, must complete, sign and return this Acknowledgment Form to Karin Poveromo, Hopewell Township Recreation Director by no later than your child’s first day of camp/clinic, or by the Recreation Program’s enrollment deadline. Enrollment and participation/volunteering in a Recreation Program is conditioned upon timely submittal of a completed Acknowledgment Form.

ACKNOWLEDGMENT

I/WE acknowledge that I/WE have been provided with, read and fully understand this Acknowledgment Form, the Center for Disease Control’s (“CDC”) and the New Jersey Department of Health’s (“NJDOH”) information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children (“Pandemic Illnesses”).

I/WE further acknowledge that the Pandemic Illnesses: (1) are highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.

I/WE further acknowledge that attending or participating in a Recreation Program poses an inherent and heightened risk of exposure, infection and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by HOPEWELL TOWNSHIP.

I/WE, _____ (hereinafter "I/WE), acknowledge the above described information and risks.

Signature of Program Participant(s) if age 18 or over

Date

Print Name of Adult Program Participant

Section for Parents or Guardians of Minor Program Participants:

I/WE am/are the parent(s)/legal guardian(s) of: _____ and acknowledge the above described information and risks:

Signature of Parent(s)/Guardians

Date

Print Name of Parent(s) or Guardians(s)