

**Arlington Field Hockey- Assumption of the 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 (WHO). 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 social distancing and have, in many locations, prohibited the congregation of groups of people.

Arlington Field Hockey (“AFH”) has put in place safety guidelines to reduce and mitigate the spread of COVID-19; however, cannot guarantee that you will not become infected with COVID-19. Further, attending any AFH activity could increase your risk of contracting COVID-19.

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 while attending an AFH activity 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 an AFH activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, AFH volunteers, participants, and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that my child(ren) or I may experience or incur in connection with my attendance at an AFH activity or participation in an AFH activity (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless AFH, its volunteers, participants, agents, and representatives, of and from the 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 AFH, its volunteers, participants, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending any AFH activity.

\_\_\_\_\_  
Print Name of AFH Volunteer

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of AFH Volunteer Guardian (if Volunteer is a minor)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date