

CITY OF CONCORD
Agreement, Assumption of Risk and Covid-19 Waiver
CONCORD BOCCE FEDERATION

Team Name: _____ League Night: _____ Date: _____
Team Capo: _____ Home/Cell phone: _____
Email: _____ Work Phone: _____

COVID-19 is extremely contagious and is believed to spread mainly from person-to person contact. As a result, federal, state and local governments recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Concord Bocce Federation (CBF) has put in place preventative measures to reduce the spread of COVID-19 which are attached; however, CBF **CANNOT GUARANTEE** that you or your teammates will not become infected with COVID-19. Further, **attending activities at the bocce courts could increase** your and your teammates risk of contracting COVID-19.

By signing this agreement, I **acknowledge** the contagious nature of COVID-19 and **voluntarily assume** the risk that I may be exposed to or infected by COVID-19 by attending activities at the City of Concord bocce courts and 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 the bocce courts may result from the actions, omissions, or negligence of myself and others, including but not limited to, the CBF volunteers, and other program participants and their families, in addition to the City of Concord, its officers, employees, volunteers, and agents. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any such injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I may experience or incur in connection with our attendance and participation in activities at the Concord bocce courts.

On my behalf I hereby release, covenant not to sue, discharge and hold harmless the CBF, its volunteers, agents and representatives, the City of Concord, its officers, employees, volunteers, and agents, of and from 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 CBF and the City of Concord, its officers, employees, volunteers, and agents, whether a COVID-19 infection occurs before, during, or after participation.

Further, I confirm that I have read the attached safety protocols and agree to abide by them.

NAME (Print)	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Members from the same household may use the same form.