



ARROWHEAD COVID -19 Waiver form

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 social distancing and have, in many locations, prohibited the congregation of groups of people.

Arrowhead Tennis has put in place preventative measures to reduce the spread of COVID-19; however, Arrowhead cannot guarantee that you or your child(ren) will not become infected with COVID-19 and attending Arrowhead could increase your risk and your child(ren)'s risk of contracting COVID-19.

Assumption of the Risk and Waiver of Liability

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 the Arrowhead 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 the Arrowhead may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Arrowhead employees, officers, Management, volunteers and players 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 expenses, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Arrowhead or participation in any Arrowhead programs or events. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Arrowhead its employees, officers, board members, agents and representative, 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 the Arrowhead, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during or after play or participation in any Arrowhead program.

Signature

Date

Name of Participant

Relationship (if not self)

Name of Participant

Relationship (if not self)

Name of Participant

Relationship (if not self)