



COVID-19 Acknowledgement of Risk and Liability

Participant's Name: _____

Birth Date if Under Age 18: _____

Street Address: _____ City: _____ Zip: _____

If Participant is a Minor:

Parent/Guardian's Name: _____ Emergency Phone: (_____) _____

In consideration of being allowed to participate in the program, related events and activities, I the undersigned, acknowledges and agrees that:

I, for myself or the minor child for whom I have legal responsibility, are currently not experiencing COVID-19 symptoms nor have I had COVID-19 symptoms in the last 14 days.

I, for myself or the minor child for whom I have legal responsibility, have not provided care or had close contact with any person with COVID-19 or with any person reasonably suspected of having COVID-19 in the last 14 days.

I represent and warrant to the Releasees that I, for myself or the minor child for whom I have legal responsibility, have not been advised by the CDC, our local health department, or a doctor to self-isolate due to possible exposure to COVID-19.

I am aware that there are risks to me or the minor child for whom I have legal responsibility, of exposure to directly or indirectly arising out of, contributed to, by, or resulting from, an outbreak of a communicable disease, including but not limited to, the virus SARS-CoV-2 which is responsible for COVID-19.

I, for myself or the minor child for whom I have legal responsibility, and on behalf of my heirs, assigns and next of kin, hereby release, indemnify and hold harmless Lake Forest Academy, its trustees, officers, and employees, associated personnel and other participants, 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.

FOR PARTICIPANTS OVER AGE 18 AT THE TIME OF REGISTRATION:

I have read this Acknowledgment of Risk and Release of Liability Agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

X _____
Signature of Participant (if aged 18 or older)

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER AGE 18 AT THE TIME OF REGISTRATION:

I have read this Acknowledgment of Risk and Release of Liability Agreement, fully understand its terms, and sign it freely and voluntarily without any inducement on behalf of the minor child for whom I have legal responsibility.

X _____
Signature of Parent/Guardian

Date