

MIDDLETOWN VALLEY ATHLETIC ASSOCIATION, INC.
COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in Middletown Valley Athletic Association, Inc. (hereafter "MVAA") programs, related events, and activities, I the undersigned, on behalf of myself and my participating children or guardians, acknowledge, appreciate, and agree that:

I am aware there are risks to me 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.

Participation in MVAA programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following Federal and State guidelines and MVAA Policies may reduce the risk, THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. MVAA CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE MVAA, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, from any and all claims, demands, losses, liability, rights, or causes of action of whatsoever kind arising out of, or in any way.

Participant's Name _____ Birthdate _____

Street Address _____

City _____ Zip _____

Parent/Guardian's Name _____

Emergency Phone (____) _____

Parent/Guardian's Name _____

Emergency Phone (____) _____

Parent/Guardian's Signature _____ Date _____