

Highland Youth Football Assumption of the Risk and Waiver of Liability

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 several social distancing guidelines to reduce the spread.

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Highland Youth Football (HYF), HYF Volunteers and Associates have p measures to reduce the spread of COVID-19; however, we cannot guarantee th will not become infected with COVID-19. Further, attending practices and/or fun your risk and your child(ren)'s risk of contracting COVID-19 and any other sport	nat you or your child(ren)
By signing this agreement, I acknowledge the contagious nature of CO assume the risk that my child(ren) and I may be exposed to or infected by COV practices and functions, and that such exposure or infection may result in perso permanent disability, and death. I understand that the risk of becoming exposed COVID-19 at practices and/or functions may result from the actions, omissions, and others, including, but not limited to, HYF, HYF Volunteers and Associates, a and their families. I voluntarily agree to assume all of the foregoing risks and ac any injury to my child(ren) or myself (including, but not limited to, personal injury illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(rincur in connection with my child(ren)'s attendance or participation in HYF pract ("Claims"). On my behalf, and on behalf of my children, I hereby release, covernand hold harmless HYF, HYF Volunteers, and Associates, of and from the Claim claims, actions, damages, costs or expenses of any kind arising out of or relating and agree that this release includes any Claims based on the actions, omission as well as HYF volunteers and associates, whether a COVID-19 infection occuparticipation in any HYF practices and/or functions.	ID-19 by attending HYF anal injury, illness, it to or infected by or negligence of myself and program participants cept sole responsibility for y, disability, and death), ren) may experience or cices and/or functions ant not to sue, discharge, as, including all liabilities, ag thereto. I understand s, or negligence of HYF,
Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	

Name of Child Participant(s)