

**LIABILITY RELEASE AND ASSUMPTION OF RISK RELATING TO
CORONAVIRUS/COVID-19**

Print Minor Participant's Name

The City of Tustin has put into place preventative measures and protocols to protect participants in its fall child-care, drop-in, camp, and recreational programs (each, a “Fall Program”) from the spread of COVID-19; however, the City of Tustin cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Fall Program could increase your risk and your child’s risk of contracting COVID-19.

By signing this Liability Release and Assumption of Risk, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending a Fall Program 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 a Fall Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the City of Tustin and/or the Tustin Unified School District, their officers, agents, and employees, and other program participants and their families.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any harm, injury, or damage that may befall my child or myself relating to my child’s attendance at any Fall Program. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless the City of Tustin, the Tustin Unified School District, their officers, agents, and employees (collectively “Released Parties”) from any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating to my child’s attendance at any Fall Program (“Claims”). I understand and agree that this Liability Release and Assumption of Risk includes any Claims based on the actions, omissions, or negligence, whether passive or active, of the Released Parties and irrespective of whether a COVID-19 infection occurs before, during, or after my child’s attendance at any Fall Program.

I certify that I am an adult and that I am the parent or legal guardian for the participant identified above. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGN IT ON BEHALF OF THE PARTICIPANT, THE PARTICIPANT'S HEIRS AND MYSELF.

Print Parent/Guardian's **Name**

Parent/Guardian's **Signature**

Date