**Assumption of the Risk and Wai*v*er of Liability Relating to**

**Coronavirus*/*COVID-19 (the “Agreement”).**

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.

**The Hampton Athletic Association *(*"HAA**") **cannot guarantee** that you or your child(ren) will not become infected with COVID-19 b*y y*our voluntary participation in games, tournaments, practices and/or other activities or events, wherever geographically located, which HAA attends, participates in, holds or hosts from the date of this Agreement to and through the end of calendar year 2020 (hereafter, the "**HAA EVENTS**”). Your **voluntary** participation in **HAA Events could increase** your and your child(ren)'s risk of contracting COVID-19.

By signing this AGREEMENT, I acknowledge the contagious nature of COVID 19 and VOLUNTARILY ASSUME ALL RISK that my family, child(ren) and I may be exposed to or infected by COVID-19 by attending **HAA EVENTS** and that such exposure or infection may result in personal injury, illness, permanent disability, and*/*or death. I understand that the risk of becoming exposed to or infected by COVID-19 at **HAA EVENTS** may result from the actions, omissions, or negligence of myself and others, including, but not limited to (i) present and future HAA directors, officers, coaching staff, members, volunteers, agents, and representatives (the "**HAA REPRESENTATIVES**”),and/or (ii) third parties over whom **HAA** has no control. I HEREBY EXPRESSLY ASSUME ALL SUCH RISK ON MY BEHALF AND ON BEHALF OF MY CHILD(REN).

I, ON MY BEHALF AND ON BEHALF OF MY CHILD(REN), HEREBY **INDEMNIFIES AND HOLDS HARMLESS, COVENANTS NOT TO SUE, RELEASES, WAIVES, AND DISCHARGES HAA**, the **HAA REPRESENTATIVES**, the **Township of Hampton** and the **Hampton Township School District** from any and all liability to me, my spouse and*/*or my child(ren), and all personal representatives, assigns, heirs, and next of kin of me, my spouse or my child(ren) (the "**RELEASORS**”),for any loss, damage, claim, expense, liability, of any kind, and any claim or demands on account of any property damage, or any personal injury to, disability or illness or the death of, me, my spouse or my child(ren) (the "**CLAIMS**") whether caused by the negligence, active or passive, of **HAA** or otherwise while me, my spouse and*/*or my child(ren) (i) are in, upon, or about **HAA, Township of Hampton, or the Hampton Township School District** property or facilities for **HAA EVENTS** and*/*or (ii) participating in **HAA EVENTS**. The foregoing includes any **CLAIMS** relating to, by and*/*or on behalf any person who may contract COVID-19, directly or indirectly, from me or my child(ren). I further understand and agree that the foregoing covenant not to sue, release, waiver and discharge by the **RELE*A*SORS** includes any **CL*A*IMS** based on the actions, omissions, or negligence of **HAA** and the **HAA REPRESENTATIVES**, whether a COVID-19 infection occurs before, during, or after participation in **HAA EVENTS.**

I, ON MY BEHALF AND ON BEHALF OF MY CHILD(REN) HEREBY AGREES, REPRESENTS, AND WARRANTS that neither I nor my child(ren) shall (i) visit or utilize the facilities, services, and/or programs of **HAA** or (ii) participate in **HAA EVENTS** if I or my child(ren) (a) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (b) has a suspected or diagnosed*/*confirmed case of COVID-19. I also represent and warrant, on my behalf and on behalf of my child(ren) that I (i) do not believe that we have been exposed to the COVID-19 virus within the past fourteen (14) days, (ii) have not been diagnosed with the COVID-19 virus to date and (iii) have not experienced any symptoms related to the COVID-19 virus within the past fourteen (14) days. I agree to notify **HAA** immediately if any of the foregoing representations and warrants become incorrect.

I, ON MY BEHALF AND ON BEHALF OF MY CHILD(REN) FURTHER EXPRESSLY AGREES that this **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND UNDERSTAND THIS **AGREEMENT** AND AGREE THAT NO ORAL REPRESENTATIONS, OTHER STATEMENTS OR INDUCEMENT H*A*VE BEEN M*A*DE. I AM AWARE THAT BY AGREEING TO THIS **AGREEMENT**, I AM GIVING UP V*A*LUABLE LEG*A*L RIGHTS AND SIGN THIS **AGREEMENT** FREELY AND VOLUNTARILY.

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Signature of Parent/Guardian Date

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Printed Name

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Signature of Parent/Guardian Date

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Printed Name

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Name of HAA Player

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Name of Additional HAA Player

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Name of Additional HAA Player

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Name of Additional HAA Player