



GREENWICH YOUTH FOOTBALL LEAGUE

COVID-19 DISCLOSURE, ACKNOWLEDGEMENT & WAIVER OF LIABILITY

Page 1 of 2

The World Health Organization has declared COVID-19. **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 areas, prohibited the group activities.

Greenwich Youth Football League (“GYFL”) is taking steps to reduce the spread of COVID-19; however, GYFL **cannot guarantee** that you or your child (ren) will not become infected with COVID-19. Further, attending GYFL activities **could increase** the risk of contracting COVID-19.

Initial: _____ : By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending GYFL activities 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 may result from the act, omission, or negligence of myself or others, including, but not limited to, GYFL volunteers, and other participants and their families.

Initial: _____ : I voluntarily agree to assume the foregoing risks and accept sole responsibility for any injury to my child (ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child (ren) may incur due to GYFL activity (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless GYFL, its affiliated organizations, Board, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the GYFL, its affiliated organizations, Board, volunteers, agents, and representatives, whether a COVID-19 and any mutation thereof infection occurs before, during, or after participation in any GYFL program(s).

Initial: _____ : I agree to inform GYFL if I or my child(ren) knowingly come in contact with someone who tested positive of COVID-19 within 14 days prior of a GYFL event. I will also inform GYFL and not attend any GYFL activities for 14 days if my child (ren) or I develop any symptoms associated with COVID-19, including but not limited to: Cough, Shortness of breath, Chills, Muscle Pains, Headache, Sore throat, Loss of taste or smell, Diarrhea, Fever, Known close contact with a person who is lab confirmed to have COVID-19 or Currently living with someone experiencing symptoms of COVID-19. If my child (ren) or I test positive for COVID-19, my child (ren) or I will not return to GYFL activities without medical clearance.



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Page 2 of 2

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: _____

Signature of Child/Ward: _____

Date Signed: _____