



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Assumption of the Risk and Waiver of Liability for Guests of YMCA of the Rockies During COVID-19

Acknowledgment of Risk

I hereby acknowledge and agree that as consideration for my (and each of my minors listed below) being a guest of YMCA of the Rockies (1) I am assuming inherent risks and waiving rights related to COVID-19 and (2) YMCA of the Rockies is not responsible for sickness or for loss of any kind as a result of COVID-19. I further understand that certain activities at YMCA of the Rockies will require additional safety precautions and equipment due to COVID-19.

Coronavirus / COVID-19 Warning & Disclaimer

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. YMCA of the Rockies **cannot guarantee that you will not become infected with COVID-19**. Further, being a guest at YMCA of the Rockies could increase your risk of contracting COVID-19.

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (or my minors) may be exposed to or infected by COVID-19 while at YMCA of the Rockies 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 YMCA of the Rockies may result from the actions, omissions, or negligence of myself or of others, including YMCA of the Rockies. I forever waive my right (and my minors' rights) to sue YMCA of the Rockies (including its directors, staff, employees and other contracted parties) for any loss or damages arising from such exposure or infection. I understand that by signing this document all liability of the YMCA of the Rockies (including its directors, staff, employees and other contracted parties) to myself and my minors for any such loss or damages will be forever extinguished.

____ INITIALS I have **reviewed YMCA of the Rockies Guest Safety Guidelines and Practices** and affirm that no member of my family or group has a fever, will ensure all members of my family or group older than 2 years old will wear face coverings as mandated by state public health officials and Larimer County Health and Environment, will comply with Social Distancing and Personal Hygiene Requirements, and will ensure all of my public and private gatherings remain within the State of Colorado Public Health Orders.

____ INITIALS I acknowledge that YMCA of the Rockies may close at any time in response to Federal, State or Local orders, and in such event I agree to **vacate the premises immediately** at my own expense.

I, the undersigned, have read, understand and accept the terms of this Assumption of Risk/Waiver of Liability Form. I further acknowledge that no oral representations have been made to me as an inducement to sign this form.

ALL ADULT GUESTS MUST SIGN THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY FOR HIM OR HER SELF AND ON BEHALF OF ALL MINOR CHILDREN.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ADULT 1 Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Date _____

LISTING OF MINORS

(Must be completed for all guests under the age of 18)

I am the parent or guardian of the following individuals under the age of 18:

(PRINT names of minors)

Parent or Guardian _____ Print Name _____ Date _____

ADULT 2 Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Date _____

LISTING OF MINORS

(Must be completed for all guests under the age of 18)

I am the parent or guardian of the following individuals under the age of 18:

(PRINT names of minors)

Parent or Guardian _____ Print Name _____ Date _____

ADULT 3 Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Date _____

LISTING OF MINORS

(Must be completed for all guests under the age of 18)

I am the parent or guardian of the following individuals under the age of 18:

(PRINT names of minors)

Parent or Guardian _____ Print Name _____ Date _____

ADULT 4 Signature _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Date _____

LISTING OF MINORS

(Must be completed for all guests under the age of 18)

I am the parent or guardian of the following individuals under the age of 18:

(PRINT names of minors)

Parent or Guardian _____ Print Name _____ Date _____

51785399.4