

PALM BEACH GARDENS YOUTH ATHLETIC ASSOCIATION
COVID-19 ACKNOWLEDGEMENT AND WAIVER

In consideration of being allowed to participate in any Palm Beach Gardens Youth Athletic Association ("PBGYAA") programs, tournaments, events or activities, I understand, acknowledge and agree to the following:

1. I certify that I am at least 21 years of age. I am the parent or guardian of the below named participant in a PBGYAA program. My child is physically fit and able to participate in the program, event or activity, and I have not been advised otherwise by a qualified medical professional.

2. I understand and agree with the following regarding COVID-19: 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. It is believed that an individual can be infected with COVID-19 without their knowledge and could be asymptomatic. PBGYAA has put in place preventative measures to reduce the spread of COVID-19. However, PBGYAA cannot guarantee that my child or a member of my household will not become infected with COVID-19, including any observers who attend my child's sporting events, and any persons who come in close contact with my child. Participation in a PBGYAA athletic sports program(s), related event, or activity, could increase the risk of contracting COVID-19. By signing this agreement, I ACKNOWLEDGE the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that I may be exposed to or infected by COVID-19 by participating in a PBGYAA athletic sports program(s), related event, or activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death to myself, my spouse, guests, unborn child, or relatives. I understand that the risk of becoming exposed to or infected by COVID-19 at a PBGYAA athletic sports program(s), related event, or activity may result from the actions, omissions, or negligence of myself or others, including, but not limited to, PBGYAA employees, volunteers, and program participants. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 and accept sole responsibility for any injury or illness that may occur. Further, I UNDERSTAND AND AGREE that this release includes any Claims based on the actions, omissions, or negligence of PBGYAA, its employees, volunteers, officers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PBGYAA athletic sports program(s), related event, or activity. I acknowledge and agree that I have reviewed the guidelines and recommendations from the Center for Disease Control and will take steps to protect myself and my family from possible COVID-19 infection.

**NOTICE PURSUANT TO SECTION 744.301, FLA. STAT.
TO THE MINOR CHILD'S
NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE PBGYAA, USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PBGYAA, ITS OFFICIALS, VOLUNTEERS AND OFFICERS, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD

OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PBGYAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ AND, ON BEHALF OF MYSELF, MY FAMILY, AND MY CHILD, AGREE TO THE ABOVE PROVISIONS.

PARENT OR GUARDIAN: _____

PRINTED NAME OF PARENT OR GUARDIAN: _____

PARTICIPANT SIGNATURE: _____

PRINTED NAME OF PARTICIPANT: _____