

Assumption of the Risk and Waiver of Liability Relating to Coronavirus (COVID-19)

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.

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 using this facility, 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 in this facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bernalillo County employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my family members including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my use of the facility. I hereby release, covenant not to sue, discharge, and hold harmless Bernalillo County, its employees, agents, volunteers and representatives, of and from any and all 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 Bernalillo County, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after using this facility. I also understand by not signing this release I will not be able to use this facility. This waiver is valid for a one year period from the date of my signature.

Signed this _____ day of _____, 20____.

Signed this _____ day of __, 20____.

Signature _____

Signature _____

Printed name _____

Printed name _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Contact phone number _____

Contact phone number _____

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